

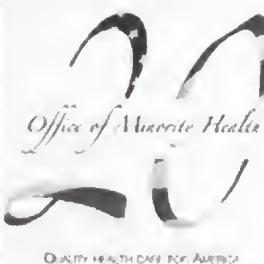


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 <p>Office of Minority Health Quality Health Care for America</p>	<h2>Alabama</h2> <h3>Organizational Structure/History</h3> <p>The Minority Health Section was established administratively by the State Health Officer in May 1991 and housed within the State Office of Primary Care and Rural Health. Prior to that date, the health department did not have any organizational entity that focused exclusively on minority health activities. The impetus for creating the section was the health officer's concern over the discrepancy in health status between the minority and non-minority populations. In July 2006 the Minority Health Section was elevated to an office status and administratively located within the Bureau of Professional Support and Services.</p>	<h3>Alabama</h3> <p>Alabama Office of Minority Health</p> <p>Jessica Hardy, RN, MPH Acting Director Office of Minority Health Alabama Department of Public Health RSA Tower - Suite 710 201 Monroe Street Montgomery, AL 36104 Bus: (334) 206-5396 Fax: (334) 206-5173 Email: jessica.hardy@adph.state.al.us</p>	<h3>In this article...</h3> <ul style="list-style-type: none"> ▶ Organizational Structure/History ▶ Purpose/Mission Statement ▶ Advisory Boards or Minority Health Committees ▶ Program Focus/Activities ▶ Eliminating Health Disparities Statewide Initiatives ▶ Level of Funding Sources ▶ Resources ▶ Recent Publications 	go to top
	<h3>Purpose/Mission Statement</h3> <p>The mission of Alabama's Office Minority Health (AL-OMH) is to (1) improve the health status of minority populations; (2) improve access to quality health care services for minorities; (3) promote minority presence and participation in health planning and policy information; and (4) enhance and promote public awareness of health care needs of minority populations.</p> <h3>Advisory Boards or Minority Health Committees</h3> <p>A Minority Health Advisory Council was established in 1999 to advise the AL-OMH on policy issues, health planning and strategies for the elimination of health disparities. In 2007 the Council transitioned into a Health Disparities Advisory Council within the Alabama Department of Public Health structure. The membership composition consists of program management staff such as chronic disease directors, maternal and child health directors, a communicable disease staff and an emergency preparedness staff.</p> <h3>Program Focus/Activities</h3> <h4>Health Planning/Policy Development Issues</h4> <p>The mission of the Alabama OMH is to improve the health status of minority populations by improving access to quality health care services and promoting minority presence and participation in health planning and policy formation. Policy efforts have focused on recognition of the health care needs of the racial and ethnic populations with an emphasis on health service delivery systems and disease prevention programs.</p> <h4>Training/Technical Assistance</h4> <p>Acknowledging the diversity and changing demographics of Alabama, AL-OMH partners with community-based organizations, regional coalitions and other state agencies to provide training and</p>			

technical assistance in disease prevention personal interventions to promote healthy choices in nutrition and physical activity. AL-OMH has implemented training in several counties using the following curriculums: New Leaf Interventions for Healthy Choices, Heart Truth and SEARCH Your Heart.

AL-OMH participates in more than 14 state, regional and national health advisory councils , including Southern Regional Health Consortium, Alabama Medical Education Consortium, National Rural Minority Health Association, Deep South Network, REACH 2010, Project EXPORT, Adult Immunization Coalition, NIH Hearth Truth Campaign, American Heart Association Red Dress Campaign and the Power to End Strokes Campaign.

Health Initiatives/Program/Services

AL-OMH actively participates in co-sponsoring health workshops with local community organizations, regional entities and state-level conference conveners addressing health inequities among African Americans, Hispanics, American Indians and Asian Americans. The AL-OMH is currently working with the Southeast Asian Boat People SOS to address cultural insensitivity and language barriers when assessing mental health needs of Asian ethnic minority populations.

Alabama's OMH is also working with local community health advisors and Latina promotoras in nine counties to promote early detection and screening of breast and cervical cancer among underserved and uninsured women. The AL-OMH provides leadership in enlisting minority partners to conduct outreach to communities in need of statewide programs such as REACH 2010 and Sowing Seeds of Health. REACH 2010 is an Alabama project funded by the Centers for Disease Control and Prevention that uses lay health workers as community health advisors to promote screening and early detection of breast cancer in African-American women. Sowing Seeds of Health is a program training Latinos as lay health workers (promotores) in breast cancer awareness screening and early detection. The AL-OMH has collaborated with the Alabama Indian Affairs Commission to train American Indian tribal members on completing community health assessment surveys to obtain baseline health indicators of Indian people.

Program Data Evaluation

Utilizing the internal Alabama Department of Public Health Disparities Advisory Council, AL-OMH is collaborating with the Council's Evaluation Committee to develop tools to measure the effectiveness of service delivery of the public health chronic disease programs. The AL-OMH's web site showcases the different state, regional and local activities taking place to reach the Healthy People 2010 goals by 2010.

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Eliminating Health Disparities Statewide Initiatives

Through funding provided by the Federal Office of Minority Health's State Partnership Grant Program, the AL-OMH has initiated data collection action steps needed toward the formation of a State Health Disparity Plan. Baseline data has been collected on the health indicators of the five minority population groups in Alabama. A draft of the State Health Disparities Plan is due to be unveiled in 2008. The preliminary work toward the publishing of a health disparities elimination plan has been addressed by the Public Health Department's internal Health Disparities Advisory Council. However, the faith-based organizations and other state entities have not come together as one body in the planning process.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$99,000	\$95,000
FY 2006	\$175,000	\$21,000
FY 2007	\$204,633	\$20,000
FY 2008	\$159,000	\$20,000

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Resources

The staff consists of a director, an assistant director, an LEP coordinator and an administrative support assistant. The office has budgeted for an FTE public health information specialist to assist with the administration and evaluation of the State Partnership Grant. The AL-OMH share (in-kind) a part-time research analysis consultant position with the Office of Rural Health to assist with data

retrieval and data analysis of the community health assessments. The AL-OMH has an epidemiology intern from the University of Alabama at Birmingham School of Public Health to assist with developing a data-storing system to house the collection of racial and ethnic data. In addition, the analysis of the health data obtained from the health assessment survey of the seven Alabama Indian Tribes has been completed on four of the seven tribes.

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Recent Publications

In 2006, the AL-OMH produced a document entitled, "*Emergency Preparedness Resource Guide to the Mobile Area: Connecting the Community to Community Resources*." This publication was produced as a response to the need to identify community level resources after Hurricane Katrina. All of the publications by the AL-OMH can be downloaded in PDF format on the web site at www.adph.org/minorityhealth.

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Arizona

Organizational Structure/History

In 1991, the Arizona Department of Health Services (ADHS) published a report entitled "Closing the Decade," documenting the fact that Arizona's ethnic minority populations were experiencing above-average incidences of death and disease. Following the release of this report, the chief of the health department's Office of Local Health held meetings with the director and staff in the Region IX office to discuss the desirability of creating a minority health entity in the health department.

In 1992, the health department held its first minority health conference, followed by a second conference in 1993. In October 1993, the director of the Department of Health Services created the Center for Minority Health. Over the course of the years that followed, the Center's activities began to diminish due to the lack of funding. However, the Center for Minority Health was re-established in February 2004 within the Office of Health Systems Development (OHSD) to coordinate statewide efforts and to implement work activities specific to minority health. In September 2006, the Center for Minority Health changed its name to the Arizona Health Disparities Center (AHDC). AHDC builds upon a cross-sectional team approach and intra-agency effort integration.

Purpose/Mission Statement

The mission of the AHDC is to promote and protect the health and well being of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

The AHDC has three main goals, around which a strategic plan will develop:

- Create a coordinated system among the agency's activities and programs that addresses needs of minority populations,
- Increase cultural awareness among ADHS staff and incorporate standards of cultural responsiveness in all services provided (directly or indirectly) by ADHS and
- Improve capacity of minority communities for health promotion and disease prevention.

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Program Focus/Activities

AHDC will build an inventory of current ADHS minority health programmatic information, using information gathered from all three divisions and will collect and review health statistics. The AHDC will maintain an inventory of this information in order to be the central repository for minority health data, serving as a resource and central point of contact on minority health issues. This information

Arizona

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will be made accessible and practical for minority communities throughout the state.

The Minority Health Advisory Board (MHAB)

The MHAB was created to meet the following three goals:

- To develop and convene internal recommendations to ADHS leadership,
- To develop a network and coordinate ADHS program activities and resources and
- To serve as a role model (best practices) for internal and external programs and organizations.

The board has performed internal and external assessments of minority health resources. The internal assessment guided the board in its development of the program recommendations and short-term objectives. The external assessment will serve as guide in the development of a minority health network throughout the state.

The board has succeeded in developing recommendations and short-term objectives and will be expanded into an agency committee to ensure the recommendations and objectives are achieved.

CLAS Standards Training and Promotion

AHDC promotes culturally appropriate and linguistically accessible services for all individuals served by ADHS. The AHDC's goal is to incorporate Culturally and Linguistically Appropriate Services standards into the department's overall strategic plan.

In addition, AHDC is a partner organization for the "Culture Matters" initiative that was launched in 2006 by the Health Services Advisory Group (HSAG) and Arizona's Quality Improvement Organization (QIO) to enhance primary care providers' skills in culturally and linguistically-appropriate care. (The primary care providers serve Medicare beneficiaries.)

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Technical Assistance and Training

AHDC serves and provides information and training resources for cultural competence, minority health and health disparities. This office also provides technical assistance to ADHS programs to ensure grants and programs are culturally relevant and employ the use of best practices for vulnerable populations. A CLAS standards training that can be applied to ADHS staff and contractors is currently being developed.

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Health Planning and Policy Development

In late 2006, the advisory board developed a set of recommendations, including policy analysis, in conjunction with the Native American Liaison. As a team, the Center and the Native American Liaison analyze legislation and organizational policies and determine their impact on Arizona's ethnic and racial populations.

AHDC, along with the support of various community organizations, including the Arizona Public Health Association, American Cancer Society, American Heart/American Stroke Association and American Diabetes Association developed a 2008 legislative proposal. The proposal provides specific legislative authority for AHDC to outline the duties and first steps needed to promulgate change and to build an enduring focus on eliminating health disparities.

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Eliminating Health Disparities Statewide Initiatives

AHDC's plan for eliminating health disparities includes goals, objectives and activities that will be established for implementation from the following four areas of need:

- Enhancing the infrastructure,
- Mobilizing communities, building coalitions and developing networks,
- Changing systems and
- Increasing participation of minorities in health professions.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$115,324	\$92,594
FY 2006	\$123,464	\$121,666
FY 2007	\$123,464	\$121,666
FY 2008	\$123,464	\$121,666

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Resources

AHDC will use a team approach to decrease health disparities. The AHDC will also convene an advisory board that will provide recommendations and help establish priorities. Additional resources include ADHS staff, space and equipment.

The Arizona Health Disparities Center has three staff members, including the program manager, community liaison and resource liaison. The staff roles and responsibilities are:

- Strategic planning and policy development by the program manager;
- Community technical assistance by the community liaison;
- CLAS standards training and promotion by the community liaison;
- Resource brokering by the resource liaison and
- Partner consultation by all staff members.

The program manager and community liaison positions are state-funded with some funding for administration and operations support. Program activities include participation by the Arizona Department of Health Services' Advisory Board and statewide Arizona Public Health Association Board. These linkages, as well as others, help leverage resources and efforts to reduce health disparities.

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Recent Publications

The center has a website:<http://www.azminorityhealth.gov> with informational resources, and it has a registration for the ADHS Email Network. Those on the Email Network receive weekly electronic updates under the categories they choose when registering. The categories are:

- Conferences, Trainings and Community Events Information,
- Cultural Competency - Culturally and Linguistically Appropriate Services,
- Data, News and Policy Related to Health Disparities and
- Funding Opportunities.

The AHDC is featured on the Health Services Advisory Group webpage as a partner in the "Culture Matters" initiative to improve quality, increase knowledge and promote adoption and implementation of CLAS standards. Partner pages can be found at:
http://www.hsag.com/culture_matters/partners.asp

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Arkansas Minority Health Commission

Organizational Structure/History

Established by law (Act 912) in July 1991, the Arkansas Minority Health Commission (AMHC) comprises 12 members: two members appointed by the Arkansas State Senate; two members appointed by the Arkansas State House of Representatives; four members of the general public who are appointed by the governor and represent each congressional district; and four state agency directors that serve unspecified terms.

Purpose/Mission Statement

The mission of the Arkansas Minority Health Commission is to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state, and to seek ways to provide education while addressing, treating and preventing diseases and conditions that are prevalent among minority populations.

The mission statement focuses on four areas of responsibility:

- Study issues relating to the delivery of and access to health services to minorities in the state;
- Identify any gaps in the health service delivery system that particularly affect minorities;
- Make recommendations to the relevant agencies and to the legislature for improving the delivery of and access to the health services for minorities; and
- Study and make recommendations as to whether services are available to ensure future minority health needs will be met.

[Arkansas](#)[Arkansas Minority Health Commission](#)

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Program Focus/Activities

The following programs have been implemented through the Arkansas Minority Health Commission and disseminated throughout various counties within the state:

The Marianna Examination Survey on Hypertension (MESH)

The Marianna Examination Survey on Hypertension (MESH) is a population-based, representative household examination survey of blood pressure and cardiovascular disease risk factors in adults in Marianna, Ark. It was initiated in June 2005 and completed in May 2007. MESH originated as an effort to assess the rate of hypertension (those at risk for cardiovascular disease, diabetes and stroke) in the city population of Marianna, focusing on diagnosed as well as undiagnosed cases.

The eligible subjects were randomly selected by a two-stage process: (1) households were randomly selected from a listing of all households within the city limits of Marianna, and (2) an adult was randomly selected from each household after all the adults living in that household were listed. After

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signing the informed consent, the selected adult was asked to complete an interviewer-administered questionnaire. Blood pressure, arm span, and waist circumference were measured. After the household examination, participants were contacted to come to a central location to give blood and urine samples. Repeat measurement of blood pressure, as well as measurement of height and weight, was done at the central location. Blood tests included lipid panel, glucose, hemoglobin A1C, hematocrit, serum creatinine and serum cystatin C, CRP. Urine tests included urine dipstick, and urine albumin to creatinine ratio. For participants who agreed, blood would be frozen and kept for future analyses related to diabetes, hypertension, heart disease or kidney disease.

The MESH study used community-based interviewers to administer the questionnaire and perform the household examination, and to obtain the blood and urine samples. These individuals were recruited by local newspaper ads, radio public service announcements and flyers, as well as through word of mouth. The prospective interviewers had to attend and complete five to six training sessions, which provided extensive instruction on protocols for blood pressure and anthropometric measurements, proper interview techniques and how to obtain an informed consent. A total of 30 interviewers were trained. The training for the phlebotomists included instruction on protocols for blood pressure and anthropometric measurements, as well as the protocol for packaging and shipping blood to the clinical laboratory and the General Clinical Research Center; 12 phlebotomists and two nurses were trained.

Lee County Cooperative Clinic and Lee County Health Department collaborated on this study by providing a venue for collection of the blood and urine samples, as well as a staff to perform the venipuncture. The Marianna Housing Authority and the Marianna Water Department assisted the Commission in the implementation of the study. The Commission also contracted with six other agencies or individuals for duties such as transportation, maintenance and various clerical duties. Enrollment of new participants in the study ended in October 2006. A total of 452 individuals completed household questionnaires and 262 participants submitted blood and urine samples. The Commission will continue to approach participants who have not yet submitted blood samples until they refuse or have been no-shows on at least three occasions.

The University of Arkansas' Survey Research Center in Fayetteville is performing the data entry for the study. To date, 470 surveys have been sent for data entry. This total includes those surveys completed in the pilot phase of the study but did not make randomization for the final sample frame. The medical team recently received survey data from the University of Arkansas' Survey Research Center and is now analyzing the data. After the analysis is completed, the next steps will include having a community forum to share the information and explore next steps with community input.

After the completion of the data entry, the analysis phase of the study will begin. The first analysis will give general descriptive data about the percentage of the population that has diagnosed and undiagnosed hypertension, diabetes, hyperlipidemia and abnormal kidney function. Because of the broad based design of the study, the MESH study will also allow for a wide range of secondary data analyses about health status in the delta region of Arkansas.

Evaluation - Four hundred and fifty people participated in the MESH program. Of those who participated, more than 45 percent were diagnosed as being hypertensive. Referrals were made to private physicians for the proper protocol to be followed as it relates to high blood pressure.

"2006 Southern Ain't Fried Sundays" (SAFS)

Southern Ain't Fried Sundays (SAFS) is a project uniquely designed to educate African-American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a creative mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes and heart attacks.

African-American churches and organizations in the targeted counties are invited through direct-mail newsletters, flyers, list-serves and radio advertisements. Each church or group that registers to participate in "Southern Ain't Fried Sundays" is asked to organize a potluck style meal using the SAFS cookbook. Each cook receives a cookbook and apron. The kitchen workers receive SAFS towels and all participants receive refrigerator magnets and Bible bookmarks with the signs and symptoms of stroke, diabetes and heart attacks. Some churches schedule their SAFS meal around pre-planned events, while others schedule specific SAFS events, such as health screenings. Some of the organizations use the SAFS cookbook to organize banquets, and some participants use the materials for their family reunions. Speakers are also invited to speak to the church congregations to help them understand the correlation between unhealthy eating and chronic diseases.

The Commission believes that it is our responsibility to educate ourselves. Our present, past and future generations need to know that delicious, flavorful meals can be prepared without being fried,

and what better way to start than with Sunday dinners!

The data below shows the increase in participation from 2005 to 2006, as well as the percentage increase:

2005	2006
133 Churches	164 Churches
9,000 participants	11,000 participants
21 Counties	30 Counties

Percentage Increase:

23.3 percent increase in churches

42.8 percent increase in counties

22.2 percent increase in participants

The AMHC is planning the 2008 "Southern Ain't Fried Sundays" program. AMHC has restructured its SAFS program, which will partner with the American Cancer Society's program, Body and Soul. Letters were sent to churches, community action groups and individuals who had expressed an interest in the program. All interested parties were informed about the training that would be required before trainers could participate in the project. They were also required to have 10 committed individuals who had pledged to participate in the program. These lists had to be submitted to AMHC office two weeks prior to the training for verification. The training took place on Nov. 28, 2007.

Fourteen individuals representing a cross section of the state participated in the training. Also present during the training were two representatives from Pfizer Pharmaceutical Company who have partnered with the SAFS program since its inception.

The training was conducted by the executive director, Wynona Bryant-Williams and Cassandra Woods. The training consisted of an overview of the following diseases: obesity, diabetes, hypertension, cancer and stroke. Correlations between diet and disease, and its impact on minority populations as mandated in the mission of the Arkansas Minority Health Commission, remained the focus. Participants also received many resource materials to help them succeed in administering the program. These resources consisted of informational exercise and grocery shopping DVDs, food modules, pedometers, sugar and fat cases and body fat analyzers.

Plans are being developed to have a culminating celebration for program participants. To date, 140 people are participating in the program.

Active for Life

The AMHC joined the American Cancer Society in promoting its Active for Life Program. This is a flexible 10-week program that encourages people to be more active on a regular basis by combining individual and group strategies that help people change their behavior. Trainings were held in the following four counties: Ouachita, Union (two trainings), Columbia, and Pulaski. Thirty-six churches/organizations participated in the trainings, and five churches have actually started the program. Two trainers were hired to help implement the program.

Evaluation - Anecdotal responses from an administered a survey indicate support for the program with a strong need for continued programming, as well as expansion of the program.

Eating and Moving for Life

Eating and Moving for Life is a collaborative dietary-intervention program initiated in 2003 with the University of Arkansas Cooperative Extension Service to reduce the risk of hypertension, diabetes and other nutrition-related chronic diseases. The program was established in Desha, Lee, Sevier, Mississippi and Phillips counties. Currently, Mississippi and Phillips counties are on hold until a new program coordinator is in place; Lee and Desha counties are no longer participating. The Eating and Moving for Life program continues to have an impact on those participating in the program. The program is being disseminated in Phillips, Mississippi and Sevier counties. Phillips County reported 24 enrollees during this quarter. Mississippi County reported 65 enrollees; and Sevier County reported 39 enrollees. Reports from all counties indicated improvement in weight and blood pressure, and improvement in incorporating more fruits and vegetables in participants' diets.

County	Kick-off Date	Date Terminated	Total # Ever Enrolled	Total # Graduated	Total # of Volunteers/Contract Workers Utilized
Sevier	2/19/03	Active	349	126	10

Mississippi	10/23/03	Active	281	223	20
Phillips (60 percent Funded)	03/07	Active	146	130	10
Lee	11/18/04	6/30/06	149	143	29
Desha	11/20/02	6/30/04	125	61	15

Objectives: Of the participants who attend at least 12-16 sessions of the Eating and Moving for Life Program:

- 40 percent will increase consumption of fruits and vegetables
- 15 percent will increase consumption of whole-grain foods
- 15 percent will increase consumption of calcium-rich foods
- 25 percent will decrease consumption of fat and/or saturated fat
- 45 percent will increase physical activity
- 33 percent will improve body weight
- 33 percent will improve blood pressure
- 33 percent will improve blood lipid levels (cholesterol and triglycerides)
- 33 percent will improve blood glucose levels

The objectives are accomplished by providing the following:

- Food demonstrations and educational sessions to 100 percent of program participants to encourage them to acquire and maintain healthy lifestyles by eating healthier foods and becoming more physically active. The participants will have the opportunity to learn how to prepare nutritious, culturally-appropriate foods in a way that will help to prevent major chronic diseases (i.e., hypertension, diabetes, cardiovascular disease, stroke, cancer, etc.). Food preparation will focus on reduced fat, reduced salt, increased fruits and vegetables, increased calcium, etc. Education will focus on importance of improved diet and increased physical activity.
- Appropriate educational literature designed to assist participants in acquiring knowledge, skills and attitudes to change dietary habits to prevent or reduce hypertension, diabetes and other nutrition-related chronic diseases.
- Opportunities for participants to engage in activities to increase their level of physical activity (i.e., walking groups; walking extra steps from car to grocery store or church; form dancing groups; water activities; taking stairs vs. elevator).
- Health screenings for each participant before they are enrolled in the program and again at the end of the program. Health screenings are to include evaluation in changes in body weight, blood pressure, blood lipid levels and blood glucose levels.

Evaluation – Data are presently being tabulated to measure the success of the program.

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Eliminating Health Disparities Statewide Initiatives

The Arkansas Racial and Ethnic Health Disparity Study describes the differences in health outcomes by race and ethnicity in Arkansas and the factors that contribute to the observed health and health care disparities. The study was conducted in two phases. In Phase I, multiple data sources were identified that contained state-level information about the demographics, socioeconomic status, health behavior status and the health outcomes of all available racial and ethnic groups. These data, as well as information on health care utilization and workforce, were then analyzed and summarized. In Phase II, a series of 15 focus groups were conducted across the state in minority and majority communities to help provide insight into the factors that contribute to health and health care disparities.

The health disparities documented in this study cannot be solved by one agency, institution, provider or community working alone. However, communities are a natural avenue for engagement around topics of racism and discrimination experiences from the health care system, health care access and quality issues, risk-factor education and population-based interventions to address particular problems identified in the community. In several focus groups, attention was brought to the need to know that health care providers and systems care about the health of minority residents. Effort must be made to include formal and informal minority leaders in this process, as well as on hospital boards, planning committees, quorum courts and other decision-making bodies at the local, state

and national levels in order to restore trust in health care providers and institutions (Nash, Ochoa, 2004). The second phase of this study is in the planning stages (incomplete at this time).

As a result of the increasing awareness of nutrition and certain types of disease in both the African-American and Hispanic communities, and as a result of the Marianna hypertension study, it was revealed that obesity is becoming more prevalent in both of these minority groups. It is well documented that obesity can lead to hypertension which was the case in the Marianna study. This study is now being replicated in Northwest Arkansas. The AHMC, University of Arkansas for Medical Sciences, and Arkansas Children's Hospital collaborated with the Springdale School District and the University of Arkansas at Fayetteville, Eleanor Mann School of Nursing, to perform a school-based blood pressure screening project in underserved children. On Nov. 27 and 28, 2007, the team screened fourth and tenth graders at Bayyari Elementary School and Springdale High School, respectively. This effort was done in conjunction with the regularly scheduled BMI measurement for the schools.

A total of 483 students were screened. There were 41 girls and 46 boys screened from the fourth grade class. From the tenth grade class there were 185 girls and 186 boys who participated in the program. Screening results revealed 27 students with increased blood pressures. Parents of the students with normal blood pressure have received a letter with reference to the normal reading.

The AMHC will be responsible for analyzing the screening data to determine the incidence and prevalence of pre-hypertension. AMHC will also examine the association between BMI and hypertension. The Commission will continue to work with the local community by reporting the findings and policy recommendations to the school district officials and grassroots community and facilitate further strategic planning to improve the health and health care of children in the community.

The AMHC teamed up with Jefferson Comprehensive Care System as co-sponsors in a billboard campaign. The theme for the campaign "AIDS Affects Us All: It's Time to Talk" was proposed to raise HIV/AIDS awareness in Arkansas and promote free testing. The billboard campaign is scheduled to exhibit during the months of December, January and February 2008 to coincide with AIDS Awareness Month and Black HIV/AIDS Awareness Day. Five populations are being targeted during this initiative: the faith-based community, adolescents, heterosexual women, African-Americans and Hispanics. Leaders who have been identified as performing outstanding work in the community were selected to be pictured on a billboard with other community leaders as a representative of one of the targeted populations.

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Level of Funding Sources

Year	State	Private
FY 2005	\$166,735	0
FY 2006	\$172,567	\$45,499
FY 2007	\$176,789	\$46,000
FY 2008	\$171,226	0

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Resources

In addition to the Commission members, the Arkansas Commission program resources include volunteers, consultants and various contracts.

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Arkansas Office of Minority Health and Health Disparities

Organizational Structure/History

The Director of the Arkansas Department of Health (ADH) established the Arkansas Office of Minority Health and Health Disparities (OMHHD) in 1991 because of her concern regarding the disparity in

Arkansas
Office of Minority Health and Health Disparities

Christine B. Patterson, MSW, LCSW



Organizational Structure/History

The Director of the Arkansas Department of Health (ADH) established the Arkansas Office of Minority Health and Health Disparities (OMHHD) in 1991 because of her concern regarding the disparity in health status of minority populations.

Purpose/Mission Statement

The mission of OMHHD is to assist in ensuring that health services are appropriate, accessible and sensitive to the needs of the minority population. In carrying out its mission, OMHHD collaborates with all the programs within the Department of Health to address the needs of minority populations. OMHHD provides technical assistance to communities and organizations in the area of asset mapping, grant proposal development, cultural competency, coalition building and referrals to other agencies.

The Office works closely with the Arkansas Minority Health Commission, which was established by legislation in July 1991 (Act 912). The Arkansas Minority Health Commission works toward assuring that all minority Arkansans' access to health care is equal to the care provided to other citizens of the state and toward seeking ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations. The office reporting to the Governor's Office and collaborating with

OMHHD has an advisory committee with representatives from each Center in ADH who are tasked to be advocates for the OMHHD in their respective areas, incorporating activities to work toward eliminating disparities.

Arkansas

Office of Minority Health and Health Disparities

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Program Focus/Activities

Health Planning/Policy Development

Compensation for Second Language - This is a legislative act that was passed in 2001. This legislation allows for a 10 percent pay increase to any employee whose specific job assignment requires the skill to communicate in a language other than English, including American Sign Language, and which skill is required as a secondary minimum qualification by the classification specification for the position occupied by the employee. OMHHD assisted in developing policy for the Department of Health to guide managers in utilizing this legislation.

Limited English Proficiency (LEP) - The LEP Program is based directly on Federal Guidance that states: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English can be Limited English Proficient, or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit or encounter.

Policies - Providing meaningful access to LEP persons will ensure that ADH and LEP beneficiaries can communicate effectively and act appropriately based on that communication. Therefore ADH should take reasonable steps to:

- Ensure that LEP persons are given appropriate and adequate information,
- Ensure that LEP persons are able to understand that information and
- Ensure that LEP persons are able to participate effectively in ADH programs and/or activities, where appropriate.

To assist in the above process, OMHHD has provided each Local Health Unit two sets of "I Speak" cards. These are identification cards that allow LEP beneficiaries to identify their language needs to staff and for staff to identify the language needs of clients. The "I Speak" cards invite the LEP person to identify the language he/she speaks. The policy became effective, Oct. 23, 2007.

Technical Assistance and Training

Cultural Competency Training - OMHHD developed a cultural competency training curriculum in conjunction with the University of Arkansas Medical Sciences Campus University Affiliate Program. The curriculum consist of three modules: two address diversity within the individual and the other address problem-solving with an emphasis on poverty issues. Training is now incorporated into the orientation of all new employees.

Data Profile Book - Arkansas Minority Health data profile report on people of Color from 1993 – 1997 provides information concerning the health status of minority populations in Arkansas. Such information is needed to address the health needs and concerns of Arkansas residents at the local, state and regional level. This report contains data for many indicators used in other studies. However, the indicators presented here are by no means exhaustive. The report is designed to make these indicators easily accessible, while at the same time allowing flexibility to users in their selection. To accomplish this, the frequencies of particular events of conditions, along with rates or percentages, are presented in concise tables and graphs. The Healthy People 2010 report will replace this profile booklet, and it will be available for distribution April 2008.

Navigational Resource Guide

This guide was developed to assist the Department in providing services to evacuees of Hurricane Katrina and others requesting services. Copies of this guide are available by contacting OMHHD.

Hispanic Risk Study – This study was designed to determine factors that affect Hispanic utilization of public health services. Based on the opinions of an expert panel comprising members of the Hispanic community and health care professionals conversant with the issues surrounding Hispanic health care, as well as interviews with Arkansas Department of Health professionals who service the Hispanic community, this study examines the factors that affect Hispanic access to public health care in Arkansas. The term "access" is considered to mean participation in and receipt of quality public health care.

Marshall Island Assessment - A community assessment conducted to ascertain the health concerns of the Marshall Island population. Since this initial assessment in 2000, the population of Marshall Islands has continued to increase in the Northwest area of Arkansas. In 2004, ADH conducted a four-county health needs assessment focus group with Marshall Island women. The focus group was facilitated by a Marshallese who works at the Northwest Arkansas Multicultural Center. It was conducted in Marshallese, with two staff members from the University of Arkansas Social Work Research Center, facilitating and/or observing the group. A summary of the major themes were: (1) Northwest Arkansas has the highest concentration of Marshall Islanders outside of their homeland, the Republic of the Marshall Islands; (2) Accessing needed health care services was identified by a majority of the focus group participants as being a problematic concern; (3) Language and cultural barriers, lack of qualified Marshallese translators; and (4) lack of awareness of available health care clinics and services. These were the reasons most frequently cited by members of the focus group regarding the difficulties that many Marshall Islanders experience in attempting to access needed health care services.

As a result of this study, the Centers for Disease Control and Prevention (CDC) came to Arkansas and conducted an Epi-Aid report in 2003-2005. This report is a compilation of work provided by CDC in identifying the current public health burden of select reportable diseases among the Marshallese residing in Northwest Arkansas. On May 2, 2007 an all-day forum was held entitled "Assessing Public Health Strategies Improving Health: Marshall Islanders. The goal of this forum was to facilitate a dialog for participants to have a common understanding of issues, resources, and gaps in order to develop a strategic model for improving healthcare and quality of life among Marshallese in Northwest Arkansas. Information obtained from this meeting will be used to increase awareness of health issues and to seek resources to meet needs. The Marshall Island Health Minister attended the forum to provide current information regarding health. In addition, several staff from CDC/ Epi-Aid attended.

Health Fairs – OMHHD provides assistance to organizations and communities in setting up health fairs and provide health information and promotional aids. Specifically, the OMHHD has developed a Health Fair/Health Fair Event Guidance Manual to assist community organizations in preparing for their health fairs. The manual provides the requestor with information about promotional materials available, contacts for various programs, a request form for internal and external partners to obtain material, speakers and an evaluation of the procedure. This manual can be obtained by contacting OMHHD.

Health Initiatives/Program Services

Arkansas Cancer Coalition (ARCC) – ARCC is a statewide network consisting of organizations and individuals. The ARCC mission is to reduce the human suffering and economic burden from cancer for all Arkansas citizens. Activities include the awarding of competitive mini grants for innovative community-based projects, assisting ARCC partners with outreach activities, supporting professional and public education surrounding various cancer topics and planning breast and prostate conferences.

Arkansas Legislative Black Caucus – The Caucus holds yearly conferences to address the problems endemic to minority Arkansans, to resolve issues in planning for the next legislative session and to produce a legislative agenda for the upcoming session. The Caucus' mission is to foster economic growth throughout Arkansas and to cultivate opportunities for wealth and a higher standard of living for minority and low-income Arkansans. During the 2007 legislative session, the Caucus convened a public roundtable each Wednesday to provide a forum for minority groups to present their programs and/or concerns. The Caucus also convened a monthly "think tank" in order to assist constituents in developing and presenting legislation they wanted to get enacted.

Arkansas Minority Health Consortium - At the recommendation of Senator Tracy Steele, the Consortium focuses on identifying, reviewing and discussing issues related to the delivery of and access to health care services, as well as identifying gaps in the health services delivery systems. The Consortium makes policy and procedural recommendations regarding the availability of services for minority populations. This organization provides a forum for partner updates, information dissemination and legislation recommendation.

Child and Adolescent Service System Program (CASSP) Coordinating Council – The purpose of the CASSP is to develop and monitor a statewide plan for treating children with emotional disturbances. This council focuses on mandating services that are child- and family-centered and its priority is to keep children with their families. Services are community-based, with decision-making responsibility and management at the local and regional level. Services are also culturally and ethnically sensitive to the needs of the clients served.

Cultural Awareness Training Seminars – These seminars are conducted annually for ADH employees to become familiar with the impact of how cultural practices impact the way many of our clients utilize health services. Each year there is a different focus, such as HIV/AIDS and chronic diseases. This seminar was first held in 2006 with a focus on the minority groups in Arkansas, and their cultural practices in reference to health care. This seminar is held during April as part of "Minority Health Month" activities.

Heart Disease and Stroke Prevention Taskforce - The Heart Disease and Stroke Prevention Taskforce consists of 70 members from public and private health organizations. The Taskforce meets twice a year to review the interventions established in the comprehensive heart disease and stroke state plan. The Heart Disease and Stroke Workgroup is a subcommittee of the Taskforce, which was formed to implement, monitor, and support the work of the Taskforce. The goal of the

state plan is to improve knowledge of symptoms of heart attack and stroke among Arkansas residents, and increase public awareness of the necessity of and option for rapid response in the case of heart attack or stroke.

Injury Prevention Coalition – The Coalition's mission is to sustain, enhance and promote the ability of state, territorial and local public health departments to reduce death and disability associated with injuries. The goals of the coalition are to: (1) expand the ability of public health agencies to develop policy; (2) conduct research, and design; (3) implement and evaluate interventions; and (4) provide training and education.

Minority Health Month (April) – The first week of minority health month activities are coordinated with Public Health Week. A joint press conference is held to kick off the weeklong activities. Activities are planned across the state for each day of Public Health Week (i.e. press conference, healthy exercise, cooking class demonstrations and an agency-wide walk). The week ends with **A Taste of the World**. For this activity each employee is asked to bring a food dish representing their culture to share. It has become the highlight of Public Health Week due to the time set aside to appreciate each other's culture.

Sickle Cell Disease Foundation (SCDF) - This non-profit organization provides follow-up counseling and support to families with children who have the trait and/or disease. The SCDF is working toward obtaining funding for a health care facility to manage the disease of adults with sickle cell.

Tobacco Prevention Control Program - The Department of Health received funding in 2003 from the CDC to develop a strategic plan for identifying and eliminating disparities related to tobacco use among special populations. A workgroup was established to assist in developing the strategic plan. OMHHD assists in coordinating the activities of this workgroup. The strategic plan has been completed, and will be printed and distributed to all participants. This plan will be available through the Tobacco Program.

Program Evaluation

An evaluation is administered after each training session and cultural seminar, and the results are used to develop the next session.

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Eliminating Health Disparities Statewide Initiatives

Arkansas has chosen to focus its 2010 objective of "eliminating ethnic and racial health disparities" through a coordinated effort in each program offered to consumers. Instead of a report that is produced and shared with consumers, each of the programs within ADH has identified its goals and objectives. OMHHD will publish a report card every two years to monitor the program's progress. The first report has been completed and is presently being reviewed by the internal science committee. The report will be printed and distributed in April 2008 during Minority Health Month. OMHHD, in conjunction with the Health Statistics Section, is working on data monographs focusing on the health status of each minority group in the state to share with communities and organizations. The Arkansas Minority Health Commission completed an Arkansas Racial and Ethnic Health Disparity Study in 2004. The Commission will partner with the Department of Health in developing ongoing monographs for each minority group.

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Level of Funding Sources

Year	Federal	State
2006-2007	\$46,553	\$435,356
2007-2008	\$60,176	\$438,926

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Resources

The OMHHD has personnel of six fulltime employees, one part time employee, and master's-level, second-year social work management interns. The staff consists of a director, program coordinator, two project analysts, budget coordinator, and administrative assistant. The part time employee is used periodically to provide assistance in preparing for trainings, annual seminars and Minority Health Month activities. The staff is aligned with Centers/Sections/Programs to provide guidance as they work toward eliminating health disparities.

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Recent Publications

- OMHHD Office Brochures (In Spanish & English)
- Data Profile Booklet
- Minority Health Cultural Calendar
- Navigational Resource Guide

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 <p>The Office of Minority Health (OMH) is a shared-policy office within the Director's Office of the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS). CA-OMH serves as an advisor to both departments and a liaison between the departments and outside stakeholders. The office has a 25-member multicultural health advisory council that advises the departments and directors on multicultural health issues.</p> <p>The California Department of Health Services created CA-OMH in August 1993 by Executive Order W-58-93; in 1999, the CA-OMH was established by statute. Serving as the focal point for improved planning and coordination of activities and programs related to racial and ethnic populations in California, the primary mission of the CA-OMH is to work with parties, both internally and externally, on ways to identify and reduce/eliminate existing health disparities.</p> <p>The Council on Multicultural Health's mission is to advise both CDPH and DHCS on improving access to quality health care and eliminating health disparities among California's diverse racial/ethnic communities. The Council is composed of members from California's multiethnic communities that have diverse professional backgrounds. The Council is committed to:</p> <ul style="list-style-type: none"> • Assisting both CDPH and DHCS in developing culturally competent policies and programs; and • Serving as a conduit for the exchange of information with California's diverse racial and ethnic communities. 				
<p>In this article...</p> <ul style="list-style-type: none"> ‣ Organizational Structure/History ‣ Purpose/Mission Statement ‣ Program Focus/Activities ‣ Eliminating Health Disparities Statewide Initiatives ‣ Progress/Updates ‣ Level of Funding Sources ‣ Resources 				
<h2>Purpose/Mission Statement</h2> <p>The mission of CA-OMH is to increase the capacity of CDPH and DHCS programs, health care providers, and ethnic/racial communities to reduce gaps in health status among and improve the quality of life of California's diverse population groups.</p> <p>Specifically, the CA-OMH:</p> <ul style="list-style-type: none"> • Creates and strengthens information networks between CDPH and DHCS programs and ethnic/racial communities; • Promotes community participation in decision-making related to health issues; • Builds capacity through training, technical assistance and strategic planning; • Supports the development and dissemination of information, strategies and resources contributing to the improved health status of California communities; and 				

- Advocates for policies and practices that increase the effectiveness of CDPH and DHCS services to diverse communities.

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Program Focus/Activities

The CA-OMH is a policy office; although it does not administer programs, it carries out its responsibilities in the following key areas:

Health Planning and Policy Development

- Analyze legislation and policies from the perspective of their impact on California's ethnic and racial populations and,
- Utilize strategic planning to implement and achieve CDPH and DHCS goals and objectives to close the gaps in health status and access to care among the state's diverse populations.

Technical Assistance and Training

- Serve as a resource to CDPH and DHCS programs on issues related to multicultural health and cultural and linguistic competency.

Health Initiatives/Program Services

- Consult and collaborate with CDPH and DHCS programs and other entities on strategies to eliminate racial and ethnic health disparities.

Impact of Program Activities on Communities

- Promote culturally-appropriate and linguistically-accessible services for California's multicultural communities and
- Facilitate communication related to multicultural health between CDPH and DHCS programs and California's ethnic and racial communities.

Program Evaluation

- Survey CDPH and DHCS programs and services directed at improving access and eliminating racial and ethnic health disparities in California.

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Eliminating Health Disparities Statewide Initiatives

In December 2006, the Council on Multicultural Health, in collaboration with the CA-OMH, determined its Strategic Plan Priority Goal Objectives for calendar years 2007-2008. The council used the CA-OMH and the Council's 2000 Strategic Plan, updated in 2005, as the framework for their priority-setting process. The strategic plan proposes the following three recommendations for eliminating health disparities among California's multiethnic communities:

1. Strategic Plan Goal: Eliminate Disparities in Health and Health Care
Priority Objectives:
 - Increase Workforce Diversity,
 - Inform Obesity Prevention and Control Initiatives Planning and
 - Strengthen Emergency Preparedness Risk Communication.
2. Strategic Plan Goal: Improve and Create Quality Information and Resources
Priority Objective:
 - Promote the availability and dissemination of Health Disparity Data.
3. Strategic Plan Goal: Improve Health Care Access
Priority Objective:
 - Improve the provision of language access services as an integral part of CDHS.

The council agreed that the following cross-cutting strategies would be used in pursuing their priority

objectives:

- Strengthen statewide collaborations and communications,
- Build ethnic media relationships,
- Ensure quality and
- Engage multiethnic communities and consumers in planning.

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Progress/Updates

Statewide Partnership for the Development of Cultural Competency Training

The federal Office of Minority Health funds a five-year project to develop and test a portable cultural-competency curriculum and training that is designed for government and institutional use. The CA-OMH contracted with University of California-Davis Center for Reducing Health Disparities (CRHD) to develop the curriculum called "Providing Quality Health Care with CLAS". After undergoing internal and external review, the curriculum was completed in April 2007. The CRHD completed four, four-hour weekly sessions that were held April 2007 and is on target for its September 2008 conference on the implementation of cultural competency organizational tools.

Medi-Cal Language Access Services Taskforce

The CA-OMH co-sponsors a taskforce with the Latino Coalition for Healthy California to explore and make recommendations about the design of a statewide language interpreter services system. This system would provide in-person health care interpreters in multiple languages throughout the state. In 2007, the taskforce convened a Medi-Cal program for leadership staff, along with members of the Council the Department of Mental Health, the California Health and Human Services, the California Hospital Association, the California Medical Association, the California Primary Care Association and the California Dental Association. It also included representatives of key advocacy organizations around the state, such as the National Health Law Center, the California Black Health Network, the Asian & Pacific Islander American Forum, the Asian Americans for Civil Rights and Equality, California Rural Legal Assistance, the California Pan-Ethnic Health Network, the Community Health Group and the Los Angeles Department of Health Services Diversity Program.

Emergency Preparedness

The CA-OMH works closely with the CDPH's Emergency Preparedness efforts to reach all of the racial and ethnic communities throughout the state to educate them about what to do in the event of an emergency.

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Level of Funding Sources

Year	Federal	State	Private	Total
FY 2005-06	\$275,595	In-kind	0	\$275,595
scope="row"	\$275,595	In-kind	0	\$275,595
FY 2006-07				
FY 2007-08	\$275,595	In-kind	0	\$275,595
FY 2008-09	\$275,595	In-kind	0	\$275,595

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Resources

The CA-OMH staffing consists of the chief and two professionals.

- Terri Thorfinnson, JD, Acting Chief - plans, organizes and coordinates department-wide activities designed to reduce the gap in health status among California's diverse populations. In this capacity, the Chief serves as a member of both the California Department of Health Care Services and CDPH executive staff and plays a significant role in the development of priorities, policies and practices throughout both departments related to the health of diverse communities.
- Bernadeen Kaleikau Valdez, Health Education Consultant III (HEC III) - Under the general direction of the Chief, the HEC III provides technical consultation and programmatic assistance on a broad range of health issues impacting racial and ethnic communities in

California. The HEC is responsible for functions of CA-OMH in the areas of training, liaison with internal programs and external partners and health policy development and analysis. In addition, the HEC III provides support to CMH.

- Carol Gomez, Staff Services Analyst (SSA) - Under the general direction of the Chief, the SSA performs administrative duties in support of CA-OMH, including personnel transactions, fiscal preparation and monitoring, contract development and service authorizations. The SSA reviews and analyzes department policies and legislation related to multicultural health. In addition, the SSA provides support to the Council.

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QUALITY HEALTH CARE FOR AMERICANS

Colorado

Organizational Structure/History

The Office of Health Disparities (OHD) was officially introduced in September 2004. The ground-work for the OHD started in 1999 as the Colorado Turning Point Initiative, part of the Robert Wood Johnson Foundation's (RWJF) national Turning Point Initiative. RWJF awarded Colorado planning and implementation grants to build collaborative public health capacity to address health disparities. The idea for a Minority Health Advisory Commission (MHAC) was born as the health disparities leadership project of two Regional Institute for Health and Environmental Leadership Turning Point Scholars in 2002. MHAC's first meeting took place on Nov. 2, 2005. The Interagency Health Disparities Leadership Council was modeled after Colorado's Prevention Leadership Council and officially convened in 2006.

The Office of Health Disparities reports directly to the Chief Medical Officer, who also oversees all health divisions within the Department, which allows OHD to effectively gather and share data and information about health disparities throughout the public health system and across public health programs. The OHD coordinates the Minority Health Advisory Commission, which in turn advises the department on minority health issues at the level of the department's Executive Director. OHD also coordinates the Interagency Health Disparities Leadership Council as an independent multi-agency advisory council.

OHD, MHAC and the Interagency Health Disparities Leadership Council were codified in Colorado's statute in May of 2007 through Senate Bill 07-242.

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Purpose/Mission Statement

The Colorado Office of Health Disparities is a state program of multi-cultural professionals dedicated to eliminating racial and ethnic health disparities in Colorado by fostering systems change and capacity building through multi-sectoral collaboration.

Minority Health Advisory Commission - MHAC provides a formal mechanism for community members to give input on health programming at the level of the Colorado Department of Public Health and Environment (CDPHE) Executive Director, helps CDPHE determine culturally innovative data collection strategies, and strengthens collaborations between CDPHE and communities of color. MHAC reviews applications and makes recommendations as to where the Health Disparities Grant Program (HDGP) can focus its funding to support statewide initiatives that address early detection and treatment of cancer, cardiovascular disease, pulmonary disease and major risk factors associated with diabetes in underserved and underrepresented populations. The commission

<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?ID=98&lvl=3&lvlID=9>

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reviews grant applications for the Disparities Grant Program and makes recommendations to the state board of health regarding the entities that may receive grants, as well as the grant amounts.

[Interagency Health Disparities Leadership Council](#) - The Interagency Health Disparities Leadership Council provides leadership, education and resources to comprehensively eliminate health disparities in Colorado through collaboration, consultation, research and inclusion.

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Program Focus/Activities

- Publish data reports documenting health disparities,
- Provide education on racial and ethnic health disparities and cultural competence,
- Improve interpretation and translation services within public health systems,
- Build capacity within communities to extend public health programs,
- Conduct state-level strategic planning on minority health improvement,
- Provide technical assistance to state health programs, local health departments, community-based organizations, and communities statewide,
- Promote workforce diversity within public health systems,
- Coordinate the Minority Health Advisory Commission,
- Coordinate and support the Interagency Health Disparities Leadership Council and
- Coordinate the Health Disparities Grant Program, which provides financial support for statewide initiatives that address prevention, early detection, and treatment of cancer, cardiovascular and pulmonary diseases in underrepresented minority populations.

[State Partnership Project](#) - The overall goal of the State Partnership Project is to coordinate a three-year state health department health disparities strategic plan, a health disparities surveillance report, a new state interagency collaborative focusing on minority health-related systems integration, a pilot strategy for serving rural communities, including a satellite office of health disparities and a state health department limited English proficiency services assessment. OHD has a wide range of partners and stakeholders that represent local health departments, federal and state departments, academic institutions and community- and faith-based organizations.

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Impact of Program Activities on Communities/Program Evaluation

Most of OHD's program activities focus on systems change. The Health Disparities Grant Program has funded community-based organizations to address cancer, cardiovascular and pulmonary disease in racial and ethnic minorities. Many of the organizations that are funded reach the hardest to reach sub-populations (those that don't attend mainstream community programs).

The department is currently finalizing a strategic plan that will impact how its divisions and programs work with minority communities and target program objectives and outcomes to improve the health of minority populations. The Health Disparities Leadership Council has developed a strategic plan for state agencies to use as a framework to improve the health and well being of Coloradans of color. OHD is currently working on an assessment to determine how to best serve rural communities. Discussions are ongoing with public health nurses and other rural stakeholders to gain a deeper understanding of the issues they face and how the office can better meet the needs of rural populations of color. Presentations on health disparities and cultural competence have been given to agencies and community groups. Evaluations of these presentations have been very positive. Office staff has also conducted several meetings and presentations with staff from different programs in the department with the goal of engaging communities of color in planning, development and implementation of interventions to improve the health of communities of color.

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Eliminating Health Disparities Statewide Initiatives

OHD has been working on health disparities strategic planning at multiple levels and recently completed one of its most significant and comprehensive strategic planning efforts -- the state's health disparities conference. The conference "Working Together: 2006 Health Disparities Conference" took place in Arvada on Oct. 12-13, 2006. The conference included a strategic planning session to serve as a model for future local planning activities that address health disparities. A diverse group of individuals, including representation from local and state government and community-based organizations, provided input through round table discussion groups. Deliberations from group discussions were compiled into a draft summary document to assist in future strategic planning activities coordinated by OHD. In addition, the summary document was

submitted to the Interagency Health Disparities Leadership Council inform and enhance future collaborative efforts to address health disparities at the state level. A follow up Health Disparities Action Plan meeting was conducted in August 2007, in partnership with the Minority Health Advisory Commission and the Interagency Health Disparities Leadership Council. The council has taken the task of finalizing the strategic plan with all the input from the August meeting and plans to disseminate it to its stakeholders in 2008.

OHD administers the Health Disparities Grant Program (HDGP) and works closely under the advisement of MHAC and the state's Board of Health. OHD administrative activities for this program include: developing and issuing requests for applications, providing bidder's conferences, coordinating grant-writing trainings, coordinating the application review process, monitoring grantee performance, approving grantee reimbursement statements, conducting grantee site visits and coordinating grantee technical assistance referrals. The HDGP has awarded more than \$7.8 million to statewide initiatives that address prevention, early detection and treatment of cancer and cardiovascular and pulmonary disease in underrepresented minority populations. To date, the program has reached more than 125,000 people.

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Level of Funding Sources

Year	Federal	State	Private
FY 2006	\$148,750	\$35,319	\$276,000
FY 2007	\$164,000	\$35,319	\$276,000
FY 2007	\$164,000	\$246,429	\$276,000

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Resources

AOHD staff includes a director (permanent/full-time), health disparities specialist/team leader (permanent/full-time), program coordinator (permanent/full-time), program assistant (permanent/full-time), Health Disparities Grant program manager (permanent/full-time), two contract monitors (one permanent/full-time and one permanent/part-time) and a program evaluator (contractual/part-time).

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Recent Publications

"Racial and Ethnic Health Disparities in Colorado," 2005

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Delaware

Organizational Structure/History

The Office of Minority Health is led by the Minority Health Director who reports to the State Medical Director. The State Medical Director reports to the State Health Officer.

Inceptional History

On May 6, 1991, the governor signed Executive Order number 93, establishing the Governor's Council on Minority Health. Three years later, on May 17, 1994, Executive Order number 20 was signed re-establishing the Governor's Advisory Council on Minority Health (ACMH). Both Executive Orders were the result of concerns from governors and community advocates regarding the health status of Delaware's minority population.

ACMH advocated for the establishment of the position of Minority Health Director to guide the work of the Council and to serve as the point of contact within the Department of Health and Social services on Minority Health. The position was established within the Division of Public Health; in August 1997, the first Minority Health Director was hired. In June 1998, the Governor accepted the report of the Advisory Council and called for the formation of a statewide Minority Health Coalition that would bring together stakeholders and minority community leaders across the state to work in partnership with State government to implement the recommendations outlined in the report.

Purpose/Mission Statement

The Delaware Office of Minority Health (DE-OMH) advises the Governor, Secretary of Health and Social Services, and the Director of the Division of Public Health on strategies for improving the health status of minority populations. The Office is committed to the promotion and maintenance of healthy lifestyles among the minority population in Delaware through advocacy for culturally sensitive approaches to outreach and prevention.

The goals of the Office are to:

- Advocate and influence public policy for the creation of an equitable system of health care for people of color,
- Make recommendations in the recruitment and retention of minority physicians to serve minority communities and
- Improve the capacity of minority communities for health promotion and disease prevention.

Delaware

Office of Minority Health

Herman Ellis, MD, MPH, FACPM
State Medical Director and Acting Director
Office of Minority Health
Division of Public Health

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In this article...

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- [Program Focus/Activities](#)
- [Eliminating Health Disparities Statewide Initiatives](#)
- [Level of Funding Sources](#)
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- [Recent Publications](#)

Program Focus/Activities

Health Initiatives/Programs/Services

In 1999, the DE-OMH was awarded a community-based organization capacity-building grant from the U.S. Department of Health and Human Services Federal Office of Minority Health (OMH). The application was in response to the fact that minority populations, particularly African-American populations, were disproportionately affected by HIV/AIDS and that there was no minority community-based organization with state contracts to provide HIV/AIDS counseling and testing services. This three-year grant allowed DE-OMH to hire one additional staff member on a seasonal basis and to help establish some of the best-performing minority community-based organizations providing HIV/AIDS prevention services in the state today.

In 2001, the DE-OMH, in collaboration with staff from the Health Statistics Center, released two reports - *Health Disparities in Delaware* and *Health Status of Hispanics in Delaware*, the first health disparities reports focusing on African Americans and Latinos in the state.

In 2002, DE-OMH received another three-year cycle (continuation) grant from OMH, which provided the resources to continue the work begun in the first three-year cycle and to make the seasonal position a full-time position. These two grants provided nearly \$1 million to fund capacity building among minority community-based organizations. In addition, they provided for education and outreach efforts to minority communities, regarding the risk factors for HIV/AIDS infection and the need to be tested.

In 2003, the DE-OMH, in collaboration with the Public Health Preparedness Section established the Interpreter Corps to train a group of *medical interpreters* for deployment in the event of an incident. The corps includes state employees as well as employees of DPH partner organizations including hospitals, and all the Federally Qualified Health Centers, and several other healthcare providers. Members of the corps have been called upon on an ad hoc basis to interpret for Division of Public Health facilities.

In 2005, DE-OMH was awarded an OMH grant to (1) identify and track the Division of Public Health programs focused on eliminating health disparities, (2) track the quality of services provided by DPH and (3) promote cultural competence and work to diversify the health professions workforce. With funding from this grant, DE-OMH has collaborated with the local chapter of the National Medical Association, Delaware State University, and The Cesar Rodney School District to establish the *Health Professions Academy* which meets for two hours on Saturdays on the campus of Delaware State University. The goal of the Academy is to develop a strong foundation in math and science for a group of minority youth, provide them mentors from the health professions, and encourage them to consider careers in the health professions. The Academy just completed its second year of operation. The Academy also assures a medical home for each child enrolled.

In 2005, DE-OMH developed a *Cultural Competency Manual* that was reviewed by a national expert on the subject. The document will be distributed to new employees at their orientation and will ultimately be distributed to all Division of Public Health employees. OMH is working on a mechanism for delivering on-going cultural competence training to all Division of Public Health staff. The training is preceded by an organizational cultural competence assessment.

State Partnership Grant Program to Improve Minority Health - The Delaware Office of Minority Health (DE-OMH) is in its third year as a recipient of the OMH grant to improve minority health. The project seeks to improve minority health outcomes and eliminate disparities by:

- Building infrastructure of community-based, minority-serving organizations by providing on-going technical assistance to work more collaboratively with the public health system to increase screening for cancer and HIV testing among minority populations,
- Strengthening the DE-OMH through additional staffing and resources to enhance its capacity to work more effectively and efficiently together with the health care system and the programs within the health department and
- Partnering with Delaware's only Historically Black University to introduce selected fourth, fifth and sixth graders to various health professions to work toward the long range outcome of creating a more diversified workforce. This will be accomplished through the creation of the Health Professions Academy at Delaware State University.

Program Evaluation

In October 2006, an Assessment Group assembled by the Senior Executive Team (SET) of the

Division of Public Health had its first meeting. The group was tasked to:

1. Review current status of OMH,
2. Discuss general vision of OMH,
3. Ascertain potential names for OMH that would reflect the vision,
4. Establish how OMH should relate to community,
5. Determine how OMH should be held accountable for accomplishing its goals,
6. Determine how other section chiefs/areas should be held accountable for ensuring that OMH goals are achieved,
7. Make recommendations for a community involvement strategy;
8. Determine how OMH can be more effective in functioning with priorities for next year and the next five years,
9. Decide what resources are needed to make this happen,
10. Discuss a vehicle and frequency for keeping DPH and community informed about what is happening with the OMH and DPH and
11. Review ideas for strengthening OMH relative to the community.

The final report of the DE-OMH Assessment Group concluded that the office was inadequately resourced to succeed. The Assessment Group recommended that DE-OMH find funding to support its operations. The group called for 3 additional FTEs to bring DE-OMH staffing to a level that would make it effective and made other recommendations on Data Collection and analyses, Consultation, Partnership Development and DE-OMH management.

Technical Assistance

DE-OMH provides assistance to community-based organizations to access and interpret data as it pertains to their programs needs. This effort includes linking public health sections to community-based partners and providing other expertise and/or resources, as needed.

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Eliminating Health Disparities Statewide Initiatives

In 2004, the *Health Disparities in Delaware and Health Status of Hispanics in Delaware* reports provided the impetus for a collaborative effort led by the lieutenant governor, the president of the Metropolitan Wilmington Urban League and the Department of Public Health. The collaboration culminated in the *Stronger Together Conference* - the first health disparities conference in the state. One of the recommendations from the Conference that was submitted to the governor was the need to establish a Task Force to look at health disparities in Delaware and to provide a set of recommendations on how to eliminate them. On May 14, 2005, the governor issued Executive Order 68, establishing the Governor's Task Force on Health Disparities.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005	\$150,000	\$50,000	\$0
FY 2006	\$159,250	--	\$0
FY 2007	\$164,000	--	\$0
FY 2008	\$159,000	\$8,000	\$0

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Resources

The DE-OMH has two FTEs -- one federally-funded director's position and one grants program manager. The director oversees the activities of the DE-OMH, ensuring that the Division of Public Health addresses the health and well-being of racial/ethnic minorities within the state. The grants program manager oversees the day-to-day administration of grants program activities.

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Recent Publications

Minority Health Report, 1999

Minority Health Digest Health Disparities in Delaware, 2000

Health Status of Hispanics in Delaware, 2001

Know Your Family Enemies, 2001

Health Passport, 2001

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The program funds 50 community-based organizations throughout the state. In 2005-2006 the grant projects screened and educated clients, and provided prevention, intervention and referral services to more than 165,000 targeted ethnic and racially diverse minority individuals. An analysis of the data of clients served in 2003 to 2005 shows 2,272 individuals had abnormal findings/screenings for cancer and diabetes. Also, 13,760 individuals without health insurance were provided services. The report is located at: <http://www.doh.state.fl.us/Minority/index.htm> under Closing the Gap - CTG 2003-2006 Project Report.

The Florida Healthy People 2010 Program is administered through a collaborative effort with the Agency for Health Care Administration and the Minority Physician Networks (MPNs) - Access Health Solutions and Florida NetPass. This program works to educate health care professionals about the importance of non-traditional service delivery methods, to address language access issues, and to reduce healthcare disparities and increase access to culturally-competent, quality health care for beneficiaries in the Medicaid/MediPass program.

Clinical outcomes in 2006 for the MPNs were higher, overall, in performance outcomes when compared to other health maintenance organizations (HMOs) and show member satisfaction to be higher overall. The mission of the MPNs is to develop and put forth a new and replicable care-management model that will contain costs and improve quality, while simultaneously serving as a platform for continuous improvement in the way minorities receive health care services.

The State Partnership Grant - In 2005, the FL-OMH was the recipient of a five-year State Partnership grant from the Federal Office of Minority Health (OMH). The grant assists the FL-OMH in working to eliminate health disparities through the development of partnerships and technical assistance to organizations. Technical assistance in organizational development – sustainability, recordkeeping, board development, data management, personnel issues, grant research and development - are provided. In addition, the development of a statewide strategic plan for FL-OMH has been drafted and is under review.

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Eliminating Health Disparities Statewide Initiatives

In July 2000 the state took an innovative step to address racial and ethnic health disparities when the Legislature passed HB 2339, the Patient Protection Act, also known as the Reducing Racial and Ethnic Health Disparities Act, which initiated the Closing the Gap Grant Program. In addition, the Racial and Ethnic Health Disparities Advisory Committee was created to support efforts related to this legislation. Since the inception of this program, the legislature has appropriated \$41,027,500 to provide prevention, intervention education, screenings and referral services to racial and ethnic populations. Program funding has also been used to:

- Develop and market a statewide radio prevention education campaign in six (6) of the seven health disparities targeting African-American, Hispanic and Haitian audiences in English, Spanish and Creole;
- Provide technical assistance and consultation to grantees to improve the ability of the projects to succeed in long-term efforts to build minority infrastructure in health programming and thus decrease the health disparities in racial and ethnic groups;
- Conduct cultural-competence trainings around the state for grantees, public health employees and officials and community partners;
- Contract services to provide formative and summative evaluations for project grantees funded by the Closing the Gap initiative;
- Provide yearly grantee technical assistance training workshops and
- Provide statewide Closing the Gap/Minority Health Disparities Summits.

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Impact of Program Activities on Communities

Prevention and early intervention are critical to the identification of health needs that may be addressed in early stages of development and treatment of diseases, such as breast, cervical, colon and prostate cancer, diabetes, high blood pressure, elevated cholesterol, high glucose levels and HIV through counseling, testing and referrals to nutrition and fitness education classes. Services delivered through the projects indicate that such interventions as demonstrated in the Closing the Gap Project Report 2006-2007 are significant factors in reducing frequent emergency room usage by minority populations. Through these project activities, the Department continues to make a positive impact in the health of minority populations. The report is located at

<http://www.doh.state.fl.us/Minority/index.htm>.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$175,000	\$5,602,500
FY 2006	\$159,000	\$5,602,500
FY 2007	\$159,000	\$5,602,500

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Resources

The Office of Minority Health currently has six filled positions:

- Director - Dr. Emile C. Commedore was hired Oct. 5, 2007. The director provides direction for the Florida Department of Health in the area of minority health, equity and cultural competency.
- Management Analyst Level 4 - Serves as the program coordinator for the Closing the Gap grant program.
- Public Relations Manager - Provides public relations tactics for the FL-OMH.
- Project Coordinator – Grant-f Funded position – Serves as the project coordinator for the State Partnership Grant.
- Administrative Assistant – Other Personal Services (OPS) – Grant-funded position- Provides administrative support for the State Partnership Grant.
- Consultant – Other Personal Services (OPS) Grant-funded position-- Provides support to the State Partnership Grant and organizational development services to selected organizations as stated in the State Partnership Grant.

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Recent Publications

- The Florida Healthy People 2010 Annual Report – December 2006. The report is located at: <http://www.doh.state.fl.us/Minority/index.htm> under Healthy People 2010 Program Report.

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Georgia

Organizational Structure/History

The Georgia Office of Minority Health (GA-OMH) was first established as a minority health unit of the Office of Policy and Training within the Department of Human Resources (DHR), Division of Public Health in 1991. Due to budget reductions, downsizing led to the elimination of the unit. After three years of inactivity, the Georgia Office of Minority Health was re-established Feb. 16, 1996, as a collaboration of Public Health and Medicaid and was administratively attached to the Director's Office within the Division of Public Health in the Department of Human Resources. In July 1999, the Department of Community Health (DCH) was established, and GA-OMH was transferred to DCH in the Fall of 1999.

Purpose/Mission Statement

The mission of GA-OMH is to lead statewide public and private sector efforts to impact policy, strategic planning and program development to eliminate disparities, improve access to healthcare and provide minority health data and information.

The GA-OMH vision is to achieve optimal levels of health and wellness for ethnic minorities and underserved populations in Georgia. The office works to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed.
- Develop and coordinate a state minority health plan, a minority health needs assessments, service strategies and minority health data.
- Provide reference and resource information on minority health issues.
- Engage internal and external entities to support initiatives that address minority health needs, including targeting health care program resources to meet these needs.
- Monitor Department of Community Health programs, policies and procedures for inclusiveness and responsiveness to minority health needs.
- Facilitate the development and implementation of research and scientific investigations to produce minority-specific findings.

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Program Focus/Activities

The GA-OMH is engaged in strategic planning, policy and program development, data development and analyses, increasing public awareness and providing information and services to help eliminate the existing gap in health status. Components for the development of a strategic plan for the elimination of health disparities include:

- Building a Georgia HIV/AIDS Community of Practice (CoP) to address and improve the continuum of care and prevention for HIV/AIDS. The CoP has resulted in improved partnerships between state, county and local government agencies, Hispanic/Latino community-based service organizations and other community- and faith-based organizations.

HIV/AIDS Project TAKE (Take Action, Keep Educated)

- Capacity building with minority community-based organizations providing training, linkages, information, technical assistance and strategic planning.
- Selected analyses and data reports, including the "Georgia HIV/AIDS Among Minorities Report," which may be accessed at http://dch.georgia.gov/00/channel_title/0,2094,31446711_40229856,00.html.

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Eliminating Health Disparities Statewide Initiatives

Partnerships with community-based organizations, through eliminating disparities contracts, implement local and regional strategies to address minority health issues, such as:

- Provide interpreter services for health care to migrant and seasonal farm workers in southern Georgia, co-funded medical interpreter training; funded translation of health careers training resources for Hispanic youth and parents. (2001-present)
- Provide outreach to increase HIV/AIDS awareness among Asian populations and promote HIV/AIDS prevention, provide counseling and testing services and establish linkages to culturally competent service providers. (2003)
- Provide vision screenings, eye examinations and eyeglasses, if needed, for uninsured migrant and seasonal farm workers. (2004)
- Develop a health wellness and training program for African-American men and train trainers to initiate and facilitate discussions about men's health in faith-based and other community organizations. (2001-2004)
- Increase awareness and access to care for Hispanics and African Americans in designated rural communities. (on-going)
- Provide information and referral services for the Vietnamese population as a result of a health disparities print campaign. (2003).
- Train barbers and beauticians to conduct blood pressure screenings, provide health awareness information and monitor progress for African Americans. (2003-2005)
- Partner with African-American faith-based entities to encourage enrollment of potential eligible people into the state's PeachCare for Kids and Medicaid programs. PeachCare for Kids™ is a comprehensive health care program for uninsured children living in Georgia. The health benefits include primary, preventive, specialist, dental and vision care. The dental services were limited in FY05. However, at no additional costs, comprehensive dental services will be restored statewide in accordance with the Georgia Health Families roll-out. PeachCare for Kids™ also covers hospitalization, emergency room services, prescription medications and mental health care. Each child in the program has a Georgia Healthy Families Care Management Organization (CMO), which is responsible for coordinating the child's care.
- Annual coordination of Minority Health Month activities statewide and calendar. (2001-2006)

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Other Activities

Georgia Department of Community Health-Office of Minority Health Campaign Summary (2006-2007).

Radio message campaign aired on Georgia Clear Channel networks and other affiliates to provide education and awareness to minorities. Health topics covered were in both English and Spanish included the following:

- "Opening Doors to Healthier Living, Healthier Lifestyles" (April 2006)
- "Health Disparities Among Minority Women" (May 2006)
- "Men's Health Month" (June 2006)
- "Hot Fun in the Summertime" (July 2006)
- "Food Choices for Diabetics at Summer Gatherings" (August 2006)
- "Back to School Immunizations" (September 2006)

- "Prostate Cancer" (October 2006)
- "World AIDS Day" (November 2006)
- "Obesity" (December 2006)
- "Healthy Living in the New Year" (January 2007)
- "HIV/AIDS and STDs" (February 2007)
- "HIV/AIDS and STDs" (March 2007)

Lifeline to Health (2001-2005)

These monthly, live, statewide, one-hour, minority health radio broadcasts of health news, features and guest panel interactive discussions with callers. A dedicated Web site contained health resources, health literature and program broadcast archives.

Diabetes Lifestyle for Better Health Initiative (2002-2004)

- One component is faith-based prevention education seminars and a clinic-based instruction and care program of lifestyle and behavioral change.
- The initiative also included a special six-month radio feature series on managing diabetes and the development of an audio-based learning module that anchors a community outreach project to train trainers and facilitate program replication in local communities.

Health Education and Health Promotion Presentations, Health Fairs, and Product Development

Programs include: The Community Health Guide for African Americans; "This is for Real" radio public service announcements for the African-American and Hispanic (Esta es la Realidad) communities; and print media messages for Asian communities in Korean, Vietnamese and Chinese. Initiatives include:

- Funded onsite interpreter services during health intensives for migrant and seasonal farm workers in three rural regions of Georgia since 2000.
- Coordinated statewide efforts in the development of processes to qualify/certify medical interpreters.
- Produced "Live Healthier! A Prescription for Healthy Living for the African-American Community," a booklet that provide information about specific conditions, local resources, action steps to prevent illness or injury and how to manage and improve their health.
- Provided leadership and worked with various partners to develop and implement efforts to increase awareness and to reduce the incidence of sudden infant death syndrome (SIDS) in the African-American community. These efforts resulted in billboards in 54 counties across the state, bus cards on Atlanta public transportation, movie theater preview promotions, a community forum, training of public health staff and work with faith community leaders to inform and engage them and to develop a toolkit for use by the faith community. The toolkit is under development.
- A program on diabetes-A *Lunch and Learn*-was initiated for Capitol Hill employees. It was an informational awareness session focused on increasing awareness about diabetes, followed by a four-week series of diabetes self-management classes on site during the workday for diabetic employees.
- Facilitated community-based efforts to address the delivery of culturally-competent health care services and to improve access to health care for minority populations. Provided leadership to the development of a departmental policy for language access to persons with limited English proficiency. Partnership with a local foundation funded a medical interpreter training program.
- Worked with several community faith groups to develop initiatives for outreach to increase awareness in the African-American community of PeachCare, Georgia's SCHIP program.
- The GA-OMH was awarded a \$450,000, three-year grant from the federal Office of Minority Health (OMH) for the State and Territorial HIV/AIDS Program Demonstration Grant. Through this grant, GA-OMH has established a network of minority community-based organizations and worked with these organizations to increase their organizational competencies in order to facilitate linkages to federal resources and technical assistance and to develop minority population specific data analyses. (2000-2006)
- Produced a Georgia Minority Health Status assessment, a minority HIV/AIDS data report and conducted an environmental scan of minority health data in Georgia.
- Developed a sickle-cell disease initiative to increase community and provider awareness and to develop funding for clinical services to uninsured adults.
- Multilingual web pages at <http://health.state.ga.us/>. The site includes minority health issue information and an e-mail link for inquiries, information and referral and correspondence. The site includes a minority health resource center providing linguistically and culturally-competent

health reference and resource information.

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Level of Funding Sources

Year	Federal	State
FY 2006	\$152,000	\$100,000
FY 2007	\$158,000	\$100,000

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Resources

GA-OMH is staffed with a director, a lead person/program consultant, a program consultant and two HIV/AIDS Project staff members - HIV/AIDS TAKE project coordinator and HIV/AIDS TAKE project public health planner.

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- Serving as a liaison to the University of Hawaii, School of Medicine, Public Health Office on improving campus/community partnerships to address disparities within the state of Hawaii State Dept. of Health,
- Serving as board member of the Hawaii State Public Health Association and member of the planning committee, which bi-annually presents the Pacific Global Health Conference in partnership with Department of Health, CDC, Cancer Research Center, Papa Ola Lokahi, University of Hawaii/School of Medicine, Hawaii Primary Care Association, Native Hawaiian Health Systems, Pacific Islands Health Officers Council Association and others,
- Providing group training in cultural competency and linguistic appropriateness and
- Providing training in forming community partnerships with communities made up of minorities and Native Hawaiians.

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Eliminating Health Disparities Statewide Initiatives

The Office of Health Equity's initiatives include:

- Formation of a consortium consisting of researchers, key community providers and government agencies that will identify, advocate for and promote community programs that are examples of "best practices" for minority groups in Hawaii and, in particular, Native Hawaiians and
- Partnering with Papa Ola Lokahi and the International Indigenous Council of the Healing Our Spirit Worldwide Conference to plan the next conference in Hawaii in 2009.

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Level of Funding Sources

Year	Federal	State
FY 2005-06	\$157,300	\$125,000
FY 2006-07	\$54,000	\$200,000
FY 2007-08 (6 months)	\$39,000	\$146,150

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Resources

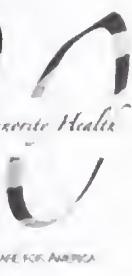
The Office is staffed with one FTE, Project Planner and 0.20 FTE Cultural Consultant.

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	<h2>Idaho</h2> <h3>Organizational Structure/History</h3> <p>Idaho does not have a designated state office of minority health, multicultural health or an office of health disparities. Although data and programs exist inside and outside of the Idaho Department of Health and Welfare, there is no central repository for identifying, cataloguing or disseminating minority health or health disparity data and information. The Idaho Department of Health and Welfare conducts its minority health and health disparity activities through the State Office of Rural Health & Primary Care (SORH), located within the Bureau of Health Planning and Resource Development in the Division of Health.</p> <p>The Idaho Department of Health and Welfare does not allocate financial resources specifically for state minority health or health disparities activities. However it does support health disparity activities through the budgets of its public health divisions where minority health or health disparity activities are conducted.</p> <h3>Program Focus/Activities</h3> <p>Linguistic Services in Idaho's Healthcare System</p> <p>The SORH conducted an assessment of healthcare providers in 2006, to determine the extent to which they perceive health care organizations in Idaho provide linguistically-appropriate health care and to gauge their perceptions regarding limited English proficiency as a barrier to health care for their clients. The survey was distributed to 37 acute care hospitals, 46 rural health clinics and 10 federally qualified health centers across the state and garnered a 61 percent response rate. The assessment identified a need for policy development on providing medical interpretive services, staff orientation regarding linguistic services requirements and cultural sensitivity training at participating health care facilities.</p> <p>Spanish-Speaking Patients Healthcare Needs</p> <p>In 2007, the SORH conducted two focus groups to assess the perceptions of healthcare users with limited English proficiency. Focus group participants were asked about their perspectives regarding the extent to which their limited English proficiency created a barrier to accessing or receiving healthcare in Idaho. Questions were delivered in both English and Spanish. Focus group results revealed that cultural competency training is needed at healthcare facilities, as well as a training module on the differences in healthcare delivery to clients with limited English proficiency. Focus group participants also expressed a need for translation of health care forms into Spanish and other relevant foreign languages.</p> <p>Idaho Critical Access Hospitals- Enhancing Language Services and Cultural Sensitivity</p> <p>The SORH utilizes the federal Medicare Rural Hospital Flexibility grant program to fulfill the need for culturally and linguistically appropriate health services at critical access hospitals. Through this grant</p>	<h3>Idaho</h3> <p>Idaho State Office of Rural Health and Primary Care</p> <p>Mary Sheridan, Supervisor State Office of Rural Health and Primary Care Idaho Department of Health and Welfare 450 West State Street- 4th floor PO Box 83720 Boise, ID 83720-0036 Phone: (208) 334-0669 Fax: (208) 332-7262 Email: SheridaM@dhw.idaho.gov</p> <h3>In this article...</h3> <ul style="list-style-type: none"> ▶ Organizational Structure/History ▶ Program Focus/Activities ▶ Eliminating Health Disparities Statewide Initiatives ▶ Level of Funding Sources ▶ Resources ▶ Recent Publications 		

program, hospitals can access the resources, staff training and support they need to deliver appropriate, effective health services for patients with limited English proficiency.

In March 2008, the SORH is sponsoring a two-day qualification course for interpreters in healthcare in the rural communities of Blackfoot and Rupert. Additional 2008 activities include an assessment of written language service policies in critical access hospitals with on-site cultural competency education.

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Eliminating Health Disparities Statewide Initiatives

Idaho does not currently have a state health disparity plan.

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Level of Funding Sources

Year	Federal	State	Private
FY 2006	\$72,215	\$0	\$0
FY 2007	\$0	\$0	\$0
FY 2008	\$0	\$0	\$0

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Resources

During the one-year (2006-2007) federal Office of Minority Health infrastructure building project, 0.25 FTEs of staff time was dedicated to the project to successfully complete activities and meet federal reporting requirements. Currently, there is no dedicated funding or personnel for minority or multicultural health activities.

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Recent Publications

- "Profile of Idaho Health Disparities"
- "Determining the Need and Effectiveness of Current Linguistic Services in Idaho's Healthcare System"
- "Identifying Perspectives on Barriers and Needs of Spanish Language Speakers in Idaho's Healthcare System"

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	The Center for Minority Health Services (CMHS) was created by law (H.B. 1216) in September 1991. Its chief reports directly to the director of public health. In January 1996, the State Refugee and Immigrant Health Screening Program was transferred to the center. In the late 1980s, the director of public health requested a report on the status of minority health in Illinois. As a result, in April 1990, the state published its first Minority Health Report. The report was provided to the legislature, which supported the establishment of the Center for Minority Health Services (CMHS). The establishment of the CMHS through legislation gave it a sense of permanency. Having direct access to the director of public health also gives the center the status and authority to fulfill its mission.			
	<h2>Illinois</h2> <h3>Organizational Structure/History</h3> <p>The Center for Minority Health Services (CMHS) was created by law (H.B. 1216) in September 1991. Its chief reports directly to the director of public health. In January 1996, the State Refugee and Immigrant Health Screening Program was transferred to the center. In the late 1980s, the director of public health requested a report on the status of minority health in Illinois. As a result, in April 1990, the state published its first Minority Health Report. The report was provided to the legislature, which supported the establishment of the Center for Minority Health Services (CMHS). The establishment of the CMHS through legislation gave it a sense of permanency. Having direct access to the director of public health also gives the center the status and authority to fulfill its mission.</p> <h3>Purpose/Mission Statement</h3> <p>The Center for Minority Health Services was created as a vehicle for implementing change, and designed to assess the health concerns of minority populations in Illinois and to assist in the creation and maintenance of culturally and linguistically appropriate programs. To achieve this goal, CMHS works within the Department of Public Health and coordinates with other relevant federal, state and local entities to heighten the awareness of minority health issues and to increase culturally and linguistically competent services and programs throughout the state.</p> <h3>Program Focus/Activities</h3> <p>Although CMHS has numerous priority areas, including HIV/AIDS, cardiovascular disease, communicable disease, lead poisoning and health education services, its major activities focus on working within the Department of Public Health and at the community level to ensure that minority health issues are addressed at all levels.</p> <h4>Minority Health Advisory Panel</h4> <p>The panel was established in June 1994 to advise the Department of Public Health on issues of concern to minority residents. Members, appointed by the director of Public Health, consist of health professionals, healthcare providers, educators, and community members, and represent all minority groups statewide. The committee is charged with: a) expanding access to health care providers; b) organizing relationships between units within the department and minority groups; and c) developing multicultural, collaborative and innovative approaches to assist the department in addressing minority health issues.</p> <p>The Minority Health Advisory Panel and the CMHS have co-produced two reports on the health status of minorities in Illinois, completed intensive reviews of Department of Public Health Programs that significantly impact the state's minority populations, and worked collaboratively with appropriate</p>	<h3>Illinois</h3> <p>Center for Minority Health Services http://www.idph.state.il.us/about/minority_hlth/default.htm</p> <p>Doris Turner Chief Center for Minority Health Services Illinois Department of Public Health 535 West Jefferson, 5th Floor Springfield, IL 62761 Phone: (217) 785-4311 Fax: (217) 558-7181 Email: dturner@idph.state.il.us</p> <p>In this article...</p> <ul style="list-style-type: none">▶ Organizational Structure/History▶ Purpose/Mission Statement▶ Program Focus/Activities▶ Level of Funding Sources▶ Resources		

stakeholders to enhance the department's programs, initiatives, and the health status of Illinois' communities of color.

Illinois HIV/AIDS Communities of Color Minority AIDS Initiative

HIV/AIDS case rates among communities of color are the highest among all racial/ethnic groups in Illinois. This initiative was developed to address the high HIV/AIDS rates among African American and Hispanic populations within the state. The current, and continuing, higher rates among these groups indicate that they are disproportionately affected by HIV. Programs within Illinois HIV/AIDS Communities of Color Minority AIDS Initiative include:

- Pilot Projects - Developed in conjunction with appropriate faith-based and community-based organizations that provide culturally competent HIV/AIDS education and prevention messages, counseling and testing services, linkages to care and treatment options and the Illinois AIDS Drug Assistance Program, and capacity building services.
- African American HIV Epidemiology Committee - Works to build a strong social and professional network to stop the spread of HIV in communities of color, examines historical factors that have contributed to the current responses of communities of color, explores key issues in the areas of epidemiology, organizational development, coalition and partnership building, and HIV/AIDS prevention and care services directed to communities of color, and serves as a mediator for difficult dialogues within communities of color, as well as among communities of color, health departments and national and local leaders. The committee works with three sub-committees—University and College Partnership, Social Marketing and Public Information, and Unity for Action.
- African American HIV/AIDS Policy Institute - Being developed in conjunction with Chicago State University and various community stakeholders who represent a broad range of minority community constituencies. HIV/AIDS is a community pandemic that requires multiple levels of collaboration. Through research and appropriate data collection methods, this policy institute will enable communities to more effectively advocate for policies and practices that are culturally appropriate and relevant.
- Hispanic Communities of Color Initiative - Developed to address the need for HIV prevention, education, and care programs targeting the Hispanic Community within Illinois. The CMHS works closely with community and faith-based organizations that have the capacity to reach Hispanic/Latinos by developing and implementing prevention programs that are science-based, yet culturally innovative and unique. The goal of this project is to increase the number of high-risk individuals from the target population who test for HIV and return for their test results, and increase the number of HIV positive individuals from the target population who are linked into HIV/AIDS care and treatment services within 48 hours of their HIV diagnosis.
- Brothers and Sister United Against HIV/AIDS (BASUAH) - BASUAH is an awareness campaign begun by Governor Rod R. Blagojevich geared toward the African-American community to address the health disparity this population experiences with regard to HIV/AIDS. The awareness campaign focuses on prevention programs, awareness, education and testing. Nationally, AIDS is the leading cause of death among African-American women age 24-25 and the second leading cause of death for African-American men age 35-44, according to the Centers for Disease Control and Prevention. CMHS works with community, faith-based and educational organizations to provide HIV/AIDS educational materials, screening and referral services to address the increasing incidence of HIV within the African American population. <http://www.basuah.org>

Illinois Breast and Cervical Cancer Communities of Color Initiative :

Breast cancer is the leading cause of cancer deaths among women throughout communities of color. As a response, this initiative was developed to address the high incidence of Breast and Cervical Cancer deaths among African American and Hispanic/Latino women in Illinois. We do not know what causes breast cancer, but we do know that awareness and early screenings through mammography aid in identifying this cancer at an early stage, when it is most treatable. The mortality rate for women throughout communities of color afflicted with cervical cancer is nearly double that of Caucasian women. Through education, awareness and early screenings, cervical cancer is preventable.

- Stand Against Cancer (SAC) Initiative - The Stand Against Cancer Initiative is a state-funded collaboration among Illinois churches, faith-based organizations, hospitals, clinics, community organizations and the American Cancer Society with the mission of reducing racial and economic disparities when it comes to accessing breast and cervical cancer screenings and treatments. SAC performs outreach to uninsured or underinsured African-American and Hispanic women in Illinois communities through religious and community organizations, and

- refers them to SAC's hospital and clinic partners for medical care.
- Hispanic Communities of Color Initiative- This initiative was developed to address the need for culturally sensitive outreach strategies to increase awareness about breast and cervical cancer and the importance of early detection. The Center for Minority Health Services works closely with community and faith-based organizations that have the capacity to reach Hispanic/Latinos women in Illinois through innovative and unique interventions in both group and individual settings.
 - Illinois Prostate Cancer Communities of Color Initiative - Developed to address the high incidence of prostate cancer deaths among African-American and Hispanic/Latino men in Illinois . Prostate cancer is frequently diagnosed in African-American men with a mortality rate of 133 percent higher than in Caucasian men. Colorectal cancer is the second most frequent type of cancer death in Hispanic/Latino men. Early detection of cancer/cancerous cells increases survival rates. Through education, awareness and early detection, prostate cancer is preventable.

Wellness on Wheels (WOW)

Developed to address the lack of access to health care through traditional prevention methods, CMHS has partnered with faith- and community-based organizations to expand the mobile health care outreach program, entitled Wellness on Wheels or WOW. The program operates in Champaign-Urbana in Eastern Illinois, O'Fallon in Southern region and Springfield in Central Illinois . A fourth mobile unit is being planned for Northern Illinois and a fifth mobile unit for Northwestern Illinois . Using innovative and culturally and linguistically appropriate methods, the units offer low-threshold services within medically underserved areas to reach individuals with little or no access to preventative health care.

WOW offers HIV prevention, counseling, testing, referral, and partner counseling referral services, urine screening for gonorrhea and chlamydia, a blood test for syphilis, blood pressure, blood sugar, and cholesterol screening, a blood test to screen for prostate cancer, and referrals to the Illinois Breast and Cervical Cancer Program (IBCCP). These services are provided through collaborative partnerships with local health departments, hospitals, clinics, community based organizations and other organizations that are certified and licensed to provide clinical services.

Refugee and Immigrant Health Screening Program

The program coordinates the provision of health screenings to Illinois refugees and Orderly Departure Program immigrants through the identification, treatment and follow-up of observed health problems. Funds provided by the U.S. Department of Health and Human Services Office of Refugee Resettlement and the Illinois Department of Human Services are for the state program, which includes the participation of seven local health departments and two health care centers and provides for interpreters and language appropriate printed materials to refugees.

Bilingual Nurse Consortium

The Consortium helps bring foreign-trained nurses currently in the U.S. into the workforce by facilitating their licensure, as well as providing various support services. A pilot program was established to assist foreign nurses in meeting licensure. In the first year, the pilot program graduated 22 nursing candidates who completed a 12-month intense licensure preparation course. The consortium also discovered many barriers to licensure that have been removed by either legislative regulatory action.

Asian Health Coalition in Illinois (ACHI)

The program comprises more than 20 Asian organizations, with the mission of improving the health and well being of Asians in Illinois through the development of an Asian health agenda. A catalyst for the creation of the first AHCI, CMHS is a co-sponsor of "Working Together for Healthier Asian American and Pacific Islander Communities: Capacity-Building in the Midwest " conference.

Community Outreach Project

IL-CMHS and the Asian Health Coalition of Illinois in collaboration with mutual aid associations are developing a community and mental health education pilot program targeting refugee communities throughout Chicago . This pilot program conducts community outreach and health education services to refugees, including educational material development and mental health referral training. The mutual aid associations involved in the project serve the Bosnian, Cambodian, Chinese, Ethiopian, Kosovo, Laotian, Pan African and Vietnamese communities.

Cass County Illinois Hispanic Initiative

The initiative is a pilot, bilingual-coordinated, school health program offering a dental hygiene series, hand-washing education, health fairs, school/sports physicals, tobacco cessation classes, breastfeeding classes and family planning services. Addresses the 200 percent increase in Hispanic population in Cass County .

Minority Health Month

Partnered with the American Public Health Association and, in conjunction with National Public Health Week, Minority Health Month assists in raising awareness about the elimination of health disparities. CMHS created an extensive Minority Health Month calendar that included approximately 100 activities either sponsored or co-sponsored by the center.

Cesar Chavez Day of Learning Initiative

Cesar Chavez Day of Service and Learning engaged two community-based organizations in the celebration. One, San Lucas United Church of Christ coordinated volunteer work for high school students in serving the needy and the homeless with a special "we care" luncheon. The Midwest Hispanic Health Coalition celebrated the Day of Service by implementing a special event at J.C. Orozco Academy , a magnet school located in the heart of the predominantly Mexican neighborhood in Chicago . The project was an opportunity for young participants to demonstrate the value of leadership and commitment to a cause, as Cesar Chavez did through his life's work.

Take a Loved One for a Check-up Day

CMHS participates annually in "Take A Loved One for a Check-up Day" held during the month of September. Statewide events focus on the importance of early disease detection and prompt health care referrals as essential elements to reducing health disparities that exist between racial and ethnic groups.

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Level of Funding Sources

Approximate office expenditures for FY 2005-FY 2007 are:

Year General Revenue Funding Grant Total

FY 2005 \$3,170,000 Breast & Cervical Cancer, \$3,150,000 HIV/AIDS

FY 2006 \$4,200,000 Breast & Cervical Cancer, \$1,164,000 Prostate Cancer, \$3,150,000 HIV/AIDS, \$2,000,000 BASUAH

FY 2007 \$4,200,000 Breast & Cervical Cancer, \$1,200,000 Prostate Cancer, \$3,150,000 HIV/AIDS, \$2,000,000 BASUAH

Year Federal Funding Grant Total

FY 2005 \$274,000 AIDS Drug Assistance Program (ADAP), \$1,100,000 Refugee & Immigrant Health Screening Fund

FY 2006 \$280,000 AIDS Drug Assistance Program (ADAP), \$148,000 Wellness on Wheels (WOW), \$1,152,832 Refugee Health & Immigrant Health Screening Fund

FY 2007 \$280,000 AIDS Drug Assistance Program (competitive application not yet determined), \$164,000 Wellness on Wheels (WOW), \$1,174,459 Refugee & Immigrant Health Screening Fund

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Resources

CMHS is staffed by a chief, two special assistants for Hispanic Affairs, and an administrative assistant. CMHS is funded by state general revenue funds and funding for the Refugee and Immigrant Health Screening Program from the federal Department of Health and Human Services, Office of Refugee Resettlement and the Illinois Department of Human Services.

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<h2>Indiana Minority Health Coalition</h2> <h3>Organizational Structure/History</h3> <p>The Indiana Minority Health Coalition (IMHC) is a non-profit organization whose vision is to ensure that <i>"no ethnic/minority child, adolescent or adult will experience preventable health conditions at any greater rate than non-minorities."</i> IMHC was created in 1992 by local coalitions united in an effort to address the disparities that exist between minority and white populations. The Minority Health Initiative in Indiana was the result of a grassroots movement that began in 1987 after the release of Secretary Heckler's report on minority health. The disparities noted in this report compelled the Indiana State Health Commissioner to hire staff whose main responsibility was to develop initiatives to address the health disparities of ethnic and racial minority populations. One of the initiatives of the staff was the development of local infrastructures that would assist the state in reducing disparities. Thus, the local communities became a critical component for change in the health status of Indiana's minority populations and the catalyst for the Minority Health Initiative. Throughout Indiana, local minority health coalitions were established and primarily supported through volunteers. Funding was based on in-kind contributions.</p> <p>In 1992, the coalitions, with the assistance of the Indiana Black Legislative Caucus, met and developed the first five-year Strategic Plan for Indiana on Minority Health. The local coalitions' leadership created the IMHC as a means to facilitate the adoption of the strategic plan as it passed through the legislative process. The general consensus among the leadership was that the minority health initiative needed one statewide entity that could serve as a focal point and a unified voice for the local coalitions' concerns. Consequently, state and local coalitions signed an affiliation agreement to commit to the common goal of decreasing health disparities.</p> <p>In 1992, legislation was passed to adopt the Minority Health Initiative and the recommendations in the 5-year plan. In addition, a budget was appropriated to support local minority health programming. Initially, the funding was administered through the Indiana State Department of Health. However, its incorporation in 1993 permitted the IMHC to administer the minority health initiative funds. Although Indiana is not the only state with a recognized minority health entity, it is the only independent structure whose governing body is the local community.</p> <p>Through its statewide affiliations and ongoing support from the Indiana Black Legislative Caucus, IMHC has been successful in influencing health policy as well as developing and implementing successful health promotion and disease prevention programs and evaluations. IMHC also partners with coalitions to implement special initiatives, collects minority health data, successfully secures outside funding to support coalition efforts and manages the implementation of pilot intervention programs funded through the Indiana State Department of Health in local communities.</p> <p>Currently, IMHC has eight departments with 28 staff. These departments are: Program & Initiatives,</p>				

Local Infrastructures, Research & Training, Finance, Technology, Marketing, Administration, and Hispanic/Latino Health. In addition, IMHC contracts with a pool of Coaches/Consultants that provide specialized services in a variety of areas.

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Program Focus/Activities Services

IMHC is committed to providing the best quality programs to minorities throughout the state of Indiana. In order to effectively provide these programs, IMHC and its community partners collaboratively work together to assess, design, develop, implement and evaluate programs that are culturally and linguistically appropriate for each minority group represented. Current programs offered through our local coalition affiliates include:

The Chronic Disease Self Management Program

The Chronic Disease Self Management Program is a workshop given for two and a half hours, once a week, for six weeks, in community settings such as seniors' centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease. Participants are provided information on ways to better manage chronic illness such as, eating healthy, exercising, following treatments regimens, etc.

A.R.R.E.S.T. Program (AIDS Risk Reduction, Education and Skills Training program)

A.R.R.E.S.T. Program (AIDS Risk Reduction, Education and Skills Training program) is an educational and social skills training intervention aimed at reducing AIDS sexual risk behavior. The program is designed to target youth, 13 to 19 years old. The program consists of six sessions delivered by facilitators in a community-based setting. The sessions are gender and culturally relevant and include behavioral skills practice, group discussions, lectures, role play, prevention video and instructional materials. The sessions contain discussions and activities which include HIV/AIDS education, risk reduction, self-assertiveness skills training, behavioral skills, communication skills and coping.

Diabetes Self-Management

Diabetes Self-Management targets racial/ethnic minority adults who have diabetes or are at risk of developing diabetes. This program is designed to increase knowledge, awareness and self-management of diabetes through education. Participants meet weekly for six weeks for 60 to 90 minutes. The sessions are culturally relevant and include lectures, group discussions, video and educational materials. Each session covers a different diabetes topic focusing on risk factors, signs and symptoms, associated health conditions, self-management and behavioral skills.

First Place Weight Management

First Place Weight Management is a faith-based program aimed at healthy weight management through education, lifestyle and behavioral changes. The 10-week prevention program provides the following core services: health education, addressing the topics of nutrition, a balanced diet, portion control, health risks of being overweight/obese (diabetes, heart disease, cancer, arthritis, etc.), food labels and exercise; behavioral strategies for meal preparation, eating-out and regular physical activity and assessments with pre and post tests. The First Place group may continue beyond 10 weeks with additional educational materials and topics to promote a sustained healthy lifestyle.

Have a Healthy Baby Program

Have a Healthy Baby Program focuses on the reduction of infant mortality. The program is designed to orient women who are pregnant or preparing to become pregnant, as well as interested family/significant others. The program consists of five lessons on prenatal care training presented by facilitators in a community-based setting. The sessions are gender and culturally relevant, and include lectures, instructional materials, group discussion, videos and educational handouts. The sessions include information on pregnancy, nutrition, risk reduction, prenatal care, infant feeding and the impact of mother's behavior on her health and her baby. Each session will meet for 90 minutes to two hours.

Operation Fit Kids

Operation Fit Kids is offered in schools for third, fourth and fifth graders and consists of seven lessons. The topics covered include the activity pyramid, food pyramid, importance of your heart and repetitive exercise, proper hydration, healthy snacks, walking, strengthening exercises, the benefits

of stretching, food labels, reducing calories in fast-food meals, importance of breakfast and a healthy active lifestyle and eating habits.

Search Your Heart Program

Search Your Heart Program is aimed at developing healthy habits through health education and screening, with emphasis on healthy nutrition and physical activity. The program consists of six sessions meeting for 90 minutes to two hours. The core services are health education sessions with pre/post tests and screenings, such as periodic blood pressure, cholesterol, body measurements, and blood sugar. The health education workshops include topics on regular physical activity, healthy nutrition, cardiovascular disease, cholesterol, blood pressure, diabetes, stroke, risk reduction and obesity. The program may include low impact physical activity such as walking and cooking demonstrations.

S.I.S.T.A. (Sisters Informing Sisters about Topics on AIDS) Prevention Program

S.I.S.T.A. (Sisters Informing Sisters about Topics on AIDS) Prevention Program is a social-skills-training intervention aimed at reducing HIV sexual risk behavior among African-American women at highest risk. It consists of five two-hour sessions delivered by peer facilitators in a community-based setting. The sessions are gender and culturally relevant and include behavioral skills practice, group discussions, lectures, role play, a prevention video and take-home exercises. The five sessions that generate these discussions and activities include Ethnic/Gender Pride, HIV/AIDS Education, Self-Assertiveness Skills Training, Behavioral Skills Management and Coping.

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Services

IMHC is committed to providing the best quality services to its constituents throughout the state of Indiana. In order to effectively provide these programs and services, IMHC and its community partners collaboratively work together to advocate, inform, refer and train individuals and organizations about health related issues affecting minorities. The ultimate goal of the services provided is to reduce health disparities experienced by racial and ethnic minorities. Current services offered at IMHC and/or through its local coalition affiliates are provided below.

Advocacy

Through partnerships with the Indiana Black Legislative Caucus, other members of the Indiana General Assembly, and its state and community-based partners, IMHC influences public policy at the state and local levels. IMHC works with its partners to develop, provide testimony on, monitor and/or evaluate policies affecting the health and well-being of minorities throughout the state. IMHC provides advocacy services to its constituents in order to ensure that the rights of minorities are considered and are being protected.

Education and Awareness

Through public speaking at various national, state and local conferences and events, IMHC educates individuals and organizations on the prevalence of health disparities, as well as provide practical ways for individuals and agencies to assist in reducing these health disparities. IMHC believes that increasing awareness of health disparities will spur more individuals to proactively become involved in solving the problem.

Health Data and Statistics

Through its Racial and Ethnic Minority Epidemiology (REME) Center, IMHC serves as a centralized source for the collection and dissemination of information that will influence policy and provide directions for the enhancement of health activities targeting Indiana's various racial and ethnic minority populations. Research services are provided to any individual and/or agency requesting services or those that have entered into an official agreement with IMHC for service. Activities currently conducted by the REME Center include, but are not limited to the following:

- Literature Search;
- Evaluation Design;
- Instrument/Questionnaire Development;
- Data Cleaning, Collection and Verification;
- Data Analysis and Interpretation; and
- Data Reporting.

Membership

IMHC has 16 local coalitions located throughout the state of Indiana that reach 29 counties. Through its network of coalitions and relationships with various health entities, the IMHC membership provides the opportunity to support the mission of IMHC and become an active part of the local health community.

Publications

IMHC produces a quarterly health information magazine entitled IMHC Lifestyle. The magazine covers a wide range of health topics and updates on public policy, research and other issues regarding the minority community.

Health Information and Referral

IMHC has a partnership with 2-1-1, a United-Way- sponsored health line minorities can call for health assistance.

Technical Assistance and Training

Through its Community Capacity Building, Technical Assistance and Training Center, IMHC provides quality, culturally appropriate information and training services that assist in meeting goals and objectives. Organizational capacity building, technical assistance and training services are provided to eligible community- and faith-based partners on a wide range of areas to strengthen their ability to provide quality social support services, develop, implement and evaluate appropriate and effective programs and increase long-term sustainability. Currently, the core areas of technical assistance and training are:

- Board Development;
- Cultural Competency;
- Financial Management;
- Program Design and Implementation; and
- Program Evaluation.

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Other Sponsored Programs and Services

Center Township HealthPlex (CTH)

Center Township HealthPlex (CTH) is a resource for the community to assist all individuals and families in their goal of maintaining a healthy lifestyle through holistic programs. The CTH provides primary (prevention) and secondary (early detected ills) intervention programs addressing chronic disease self-management, heart disease, diabetes and obesity, including physical activity and nutrition.

Teen Fitness Champion Program

The Indiana Minority Health Coalition has designed the "IMHC Teen Fitness Champions (Teen Champs)" program. Teen Champs will serve as an age- and culturally-specific outreach initiative, to increase physical activity and raise awareness about obesity among minority youth ages 14 to 19 in Marion County. As a member of the community-wide FitCity Campaign, IMHC is proud to bring its experience and expertise in reaching and informing minority communities in the state of Indiana. The Teen Champs program uses both awareness and a tangible program component to engage and encourage teens to take responsibility for their health.

Indiana CEO Health Disparity Roundtable Initiative

To provide a forum for key stakeholders to meet and develop an effective strategy to eliminate Indiana's health disparities, stakeholders were and are engaged at three levels: (1) participation in the Health Disparities Retreat (April 2005), (2) as a member of the Indiana Health Disparities Initiative CEO Roundtable (advisory group) and/or (3) as a member of the sub-committee workgroups for obesity, mental health and/or tobacco. The group of stakeholders includes legislators, executives, community- and faith-based leaders, representatives from professional and advocacy organizations, corporate partners and foundations.

The Racial and Ethnic Minority Epidemiology Center (REME)

In 1999, IMHC and its partners petitioned legislators to create a line item that would provide continued support for the epidemiological center. Although opposition was encountered at first, the hope and commitment of IMHC and its partners prevailed, as legislators were persuaded to enroll

the center as a line item in Senate Bill 0108. Shortly thereafter, the Indiana General Assembly enacted House Bill 1789, which awarded the REME Center \$1 million to conduct research-related activities.

The mission of the REME Center is to "serve as a centralized source for the collection and dissemination of information that will influence policy and provide directions for the enhancement of health activities targeting Indiana's various racial and ethnic minority populations."

Research services are provided to any individual and/or agency requesting services or those that have entered into an official agreement with IMHC for service. Currently, the REME Center has a total of four staff members to carryout its mission.

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Resources

The Indiana Minority Health Coalition receives \$2.75 million as a direct appropriation from the state budget. IMHC is named in the legislation to carry out the Minority Health Initiative. Total agency budget for the current fiscal year is \$3.75 million. This is for FY July 1, 2007-June 30, 2008.

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Organizational Structure/History

In 1988, the Indiana General Assembly created what would become the Indiana State Department of Health – Office of Minority Health. In 1992, the Interagency State Council on Black and Minority Health, in collaboration with the Indiana Black Legislative Caucus and the Indiana Minority Health Coalition, submitted a Five-Year Strategic Plan for Black and Minority Health to the Governor and Legislature. The General Assembly, in their acknowledgment of the needs addressed in the Five-Year Strategic Plan, passed legislation and appropriations for minority health initiatives. Appropriations applied to this legislation were allocated for FY 1995 and distributed to local coalitions by the Office of Minority Health. The State Health Commissioner appropriated funding from the State Department of Health in 1994 to accelerate the productivity in meeting minority health objectives.

In 2003, the Indiana Office of Minority Health (IN-OMH), utilized data findings of the coalitions and its partnering agencies, formulating the Healthy Indiana Health Plan. The plan supports Healthy People 2010 and represents the collective wisdom of the Minority Health Advisory Committee, the Interagency Council, and the individuals and agencies who served as members of the external review group.

Today, IN-OMH focuses on efforts to improve disparities in preventable health conditions of minorities around the state of Indiana. These efforts include, but are not limited to, the Partners Recruiting Opportunities for Minority Student Education (PROMiSE) project to improve minority health, administering the annual INShape Indiana Black & Minority Health Fair and providing cultural competency trainings to the state and its partners.

IN-OMH also works closely with, and holds chairs on, many key state boards and commissions including, but not limited to, the Indiana Commission on Latino/Hispanic Affairs, the Indiana Native American Indian Affairs Commission and the Indiana Minority Health Advisory Committee. By maintaining these chairs, IN-OMH is better equipped to address the health needs of Indiana's various minority communities. The office also facilitates the Interagency Council's annual analysis of the state of minority health in Indiana. The result of these annual analyses is the Minority Health Report for the State of Indiana.

Purpose/Mission Statement

To improve the health of all racial and ethnic populations in Indiana through increased awareness, partnerships, and the development and promotion of effective health policies and programs that help

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to reduce minority health disparities.

In addition, the office:

- Coordinates, facilitates, and monitors community-based programs tailored to meet the needs of these populations;
- Ensures that health related issues become part of the agendas of outside programs as they relate to underserved populations; and
- Maintains open dialogue with outside agencies in an effort to keep abreast of concerns, trends and problems as seen by these agencies which will assist in identifying gaps, barriers and duplication in services.

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Health Planning and Policy Development

Minority Populations in Indiana: 2006 Health Status Report

The report provides a comparison of the leading causes of death among racial and ethnic groups in Indiana with national data and the goals and objectives of Healthy People 2010, and information to assess the changing health status of the community, to develop resources and interventions in areas of need, and to improve modifiable health risk factors for adverse health conditions.

It also presents the 10 leading causes of death for each racial and ethnic group. Each cause is presented with a short review of the disease, progress tables of mortality rates for Indiana from 2000 to 2005, differences between race and ethnic groups and a comparison of Healthy People 2010 target to that of national and Indiana mortality data.

Published in April 2006, the primary resources used for the report were the Indiana Mortality Database, the Centers for Disease Control and Prevention and its National Center for Health Statistics and National Center for Injury Prevention and Control, Healthy People 2010 and the Census Bureau. The report outlines the key data findings of the council. In addition, the report contains a number of recommendations for improving minority health in the state.

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Technical Assistance and Training

Cultural Competency

IN-OMH offers employees of the Indiana State Department of Health (ISDH), and its partners, cultural competency in health training. The IN-OMH follows, and recommends to all partnering agencies, the same cultural competency guidelines used by the American Medical Association, American Nursing Association, American Association of Pediatrics and the American Psychological Association. The goals of IN-OMH's cultural competency training service are to have 80 percent of program participants demonstrate increased knowledge of cultural differences among minority populations and indicate their intent to apply cultural competency skills and knowledge in their professional capacity, within one year of completing the training.

Translation Services

The IN-OMH offer referrals for language translation services to health professionals and patients, in a number of different languages, to help reduce linguistic barriers to health care service. Linguistic assistance includes the maintenance of a health helpline that staffs two full-time Spanish speaking operators and provides bilingual information on where to find health coverage and where patients can find health care facilities that meet their specific needs.

<http://www.in.gov/isdh/programs/mch/ifh.htm>

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Impact of Program Activities on Communities

INShape Indiana Black and Minority Health Fair

Each July, IN-OMH sponsors the INShape Indiana Black and Minority Health Fair, which provides more than 100,000 free health screenings and consultations valued at \$1,000 per participant, during Indiana Black Expo's Summer Celebration. The 2006 Health Fair brought together over 40,000 participants and nearly 3,000 corporate and community volunteers.

<http://www.in.gov/isdh/programs/omh/bmhf/index.htm>

Indiana Minority Health Coalition (IMHC)

Through community partnership, grants and budgetary allocation from the state), the IN-OMH provides the funding to the IMHC to support the implementation of the legislatively mandated Minority Health Initiative. These dollars are used to support coalitions to provide some local health programs in communities throughout the state of Indiana. The IN-OMH also collaborates with IMHC to provide technical assistance and training to various faith-based and community-based organizations.

<http://www.imhc.org/>

INside Out Student Challenge

Since January 2007 the project team has been working with the ISDH Coordinated School Health Program to offer minority students participating in INSight Youth Corps (Indiana's Network of Students Inspiring Good Health Today) and PROMiSE the chance to participate in a new program called INside Out. The program is an optional, health education enrichment exercise. Students who participate will write, produce and direct one-minute INShape Indiana television commercials or songs. The song projects will promote INShape Indiana's three focus areas of better nutrition, increased physical activity and avoiding tobacco. Television projects will target students' local communities. Participation in INside Out will be counted as a PROMiSE enrichment activity. In order to increase program enrollment, minority students participating in INSight Youth Corps will be invited to enroll.

<http://www.in.gov/inshape/2334.htm>

HIV/AIDS Demonstration Grant

In 2002 IN-OMH was awarded a three-year grant, totaling \$450,000 from the Office of Minority Health (OMH), Office of Public Health Science (OPHS), U.S. Department of Health and Human Services (HHS). The resulting HIV/AIDS assessment was used by IN-OMH to develop an HIV/AIDS Status Report for publication in the Comprehensive HIV/AIDS State and Regional Plan.

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=3331>

Local Health Department Evaluation

In 2004 IN-OMH conducted an assessment of current Hispanic/Latino data collection practices among Indiana's local health departments. As a result, IN-OMH was able to assist the departments in collaborating with local Hispanic/Latino organizations to increase data collection and understanding of the Hispanic/Latino culture.

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Program Evaluation

Minority Health Report Card

The IN-OMH will start utilizing a state minority health report card. This report will be a vital tool for evaluating and promoting state policies to help eliminate health disparities. "Healing the Gap" is a major challenge facing Indiana and its neighboring states. Since the causes of health disparities are multifaceted, the recommendations and interventions designed to eliminate health disparities will require diverse strategies and approaches. The report card will rate the state on four broad measures:

- Equity in insurance coverage between whites and minorities;
- Establishment of a diverse health professions workforce;
- Collection of health data with detailed race/ethnicity categories and
- Creation of specific initiatives dedicated to reducing disparities.

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Eliminating Health Disparities Statewide Initiatives

Plan for Eliminating Health Disparities

In order to reduce racial and ethnic health disparities Indiana's OMH proposes creating a systems-level minority health center/coalition. This coalition will be led by IN-OMH and will utilize its established network of state, local and regional partners to create, disseminate and provide statewide interventions. Some of the coalition's objectives will be to:

- Create community coalitions that promote personal responsibility in health care decisions;

- Create or seek programs that introduce health care careers to young people and encourage youth to continue to learn and grow;
- Develop culturally appropriate assessment instruments for gauging minority student interest in health careers;
- Establish a diverse health professions workforce; and collect health data with detailed race/ethnicity categories.

<http://www.in.gov/isdh/programs/omh/MinorityHealthPlan.htm>

Governor's Plan for Healthier Indiana

The PROMiSE program has committed itself to supporting the Governor's Plan for Healthier Indiana. The plan, which was recently approved by the state legislature, will provide health insurance coverage to more than 200,000 Hoosiers who currently lack health insurance. Minorities will make up approximately 35 percent of the population covered by this health plan. The program will be funded by a 44-cents-per-pack increase in Indiana's cigarette tax. The program will:

- Encourage protection of children from the dangers of smoking and other diseases;
- Provide peace of mind for thousands of Hoosiers who currently have no health insurance;
- Assure that children are fully immunized by age 2 with \$11 million to expand access to vaccinations; and
- Establish a program that offers health insurance to 100,000 or more low-income Hoosiers.

<http://www.in.gov/fssa/hip/>

The Partners Recruiting Opportunities for Minority Student Education (PROMiSE) - Program
The Indiana State Department of Health (ISDH) received a five-year grant, totaling \$750,000 from the U.S. Department of Health and Human Services to fund a minority health student recruitment program.

<http://www.in.gov/isdh/programs/omh/promise.htm>

Reducing Health Disparities/Indiana's Minority Health Month

Minority Health Month is a state level version of the National Minority Health Month; a program launched in 2002 by the federal OMH in support of Healthy People 2010 objectives.

<http://www.in.gov/isdh/programs/omh/MHMonth.htm>

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Resources

Various Commissions and the Interagency Council on Black and Minority Health

The OMH maintains positions on many key state boards and commissions. The office also facilitates the Interagency Council on Black & Minority Health and its annual analysis of the state of minority health in Indiana. The result of these annual analyses is the annual Minority Populations in Indiana: Health Status Report.

<http://www.ai.org/legislative/ic/code/title16/ar46/ch6.html>

IN-OMH

IN-OMH is currently staffed with a director, a deputy director, two administrative assistants and a program administrator. The director uses her background in planning, developing, implementing and assessing curriculum and programs to focus the office's efforts on the reduction of racial and ethnic disparities in Indiana's health care system. ISDH, in conjunction with IMHC, administers the Minority Health Initiatives funding. In addition, several key ISDH programs serve a significant number of minority clients such as Maternal and Child Health (MCH), Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and HIV/AIDS.

<http://www.in.gov/isdh/programs/omh/index.htm>

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Recent Publications

- Minority Populations in Indiana: 2006 Health Status Report
<http://www.in.gov/isdh/programs/omh/MinorityHealthReport.htm>
- 2006 INShape Indiana Black and Minority Health Fair Report

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Purpose/Mission Statement

The IDPH Office of Multicultural Health, (OMH) exists to actively promote and facilitate "health equity" for Iowa's multicultural communities. The office envisions the state of Iowa as one where there will be 100 percent health care access and zero percent health disparity for Iowa's multicultural communities.

The definition of multicultural is to be inclusive of communities of racial, ethnic and/or linguistic diversity. The mission, vision and practices of the IDPH Office of Multicultural Health are instructed by the following "truths:"

- IDPH OMH must be a public health advocate for Iowa's multicultural communities, of which many are disenfranchised or unempowered,
 - IDPH OMH must provide public health leadership regarding existing or potential issues or practices that can or could affect the health status of multicultural individuals and families, immigrant and refugees in the state of Iowa,
 - IDPH OMH must help create a climate of "inclusiveness" in the public health sector on state, regional, and local levels by partnering with its multicultural constituents to help them improve their collective health status,
 - IDPH OMH must actively promote continuous cultural competency in health care practice and education throughout Iowa's public health care sector, and
 - IDPH OMH must be allocated sustained and adequate resources to build an infrastructure that will enable it to meet its current charge and the challenges of the future.

Iowa
Office of Multicultural Health

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In this article...

- Organizational Structure/History
 - Purpose/Mission Statement
 - Program Focus/Activities
 - Eliminating Health Disparities Statewide Initiatives
 - Level of Funding Sources
 - Resources

Program Focus/Activities

The major program activities and areas of the IDPH OMH are education, health planning/policy development, health promotion/disease prevention, training/technical assistance, and data evaluation.

Infrastructure Building

During the 2007 Fiscal Year, IDPH OMH received funds from the U.S. Department of Health and

Human Services' Office of Minority Health to expand capacity and build the infrastructure of a multicultural health network in Iowa. The objectives were three-fold:

- Complete a comprehensive assessment and develop a strategic plan for the IDPH OMH that will meet the health needs of Iowa's minority, immigrant, and refugee residents now and in the future. This plan was completed in 2007,
- Strengthen existing multicultural health coalitions within the public health regions in Iowa and
- Re-establish an IDPH OMH Advisory Council. This advisory council will be re-established upon the completion of the administrative rules process spring of 2008.

Strategic Planning – Key representatives from around the state helped chart a strategic map for IDPH staff and its constituents to travel during the next three to five years as the office strengthens its infrastructure and continues to meet its mission. This project plan was completed in April 2007. Statewide distribution of 500 hard copies of the plan have been made to constituents, legislators, program contractors, faith-based and community-based agencies, IDPH staff and programs. We intend to post the plan to the IDPH Web site in the spring of 2008. A second printing of the plan will take place in the summer of 2008.

Ongoing activities address strengthening multicultural health coalitions. The regional minority health coalition concept has never been implemented in Iowa; although county coalitions have been established. Both aspects of coalition building have yielded increased partnerships and network establishments that are working to achieve this goal.

The Advisory Council is expected to begin its duties in Fall 2008. Prior to the re-establishment of the council, administrative rules had to be approved by the attorney general's office and written into statute. The rules have been adopted by the state board of health, and the anticipated effective date will be July 2008. Members will be appointed by the Director of Public Health in July and the first meeting will be in late summer 2008.

Workshop and Training Programs

In response to training needs identified by statewide community-based organizations, public health programming and academic institutions, IDPH OMH provides cultural diversity, awareness, and sensitivity trainings. Topics are inclusive of, but not limited to, program evaluation, cross-cultural communication, acculturation, and barriers to health care systems and delivery of services. Technical assistance and trainings are also provided to address community partnership building, strategic planning, culturally relevant interventions, and outreach. Seventy-five activities were completed in 2007.

Impact of Program Activities on Communities/Program Evaluation

August 2007 IDPH OMH held a two-day cultural competency training with Jose Reyes, Ed.D, for IDPH employees. This first-of-its-kind training allowed participants ranging from division and bureau chiefs to support staff to engage in addressing cultural awareness.

- Recruitment and retention of a diverse workforce was successful in securing a programmer for IDPH OMH. This intern is also pursuing a dual master's of public health.
- IDPH OMH developed and disseminated 500 copies of a program brochure.
- IDPH OMH secured a grant from the Region VII office, and the funds were utilized for a one-day African Americans Women's Health summit targeting females ages 14-18. For April 2008, the summit focus is STDs, HIV/AIDS education and awareness, individual skill building for risk reduction, positive self-esteem building and positive life-style choices.
- Staff serving on the Iowa Dept. of Public Health include senior staff, the Division of Health Promotion and Chronic Disease Prevention management team, and an integrated committee.
- IDPH OMH programming is averaging one to two new community partners per month.
- Staff continue to partner with the Kansas Department of Health and Environment Center for Health Disparities on various program operations, resources and technical assistance strategies. We are on the agenda for the 2008 "Healthy Cultures-Healthy Kansas: Moving Forward" conference and will present on addressing health disparities through collaboration,

commitment and creativity.

- An IDPH OMH consultant was appointed and serves as an adjunct professor for Des Moines University, teaching Public Health & Policy: Cultural Awareness, spring semester 2008, for graduate students. The consultant is also an adjunct staff member, teaching Minority Health at the University of Northern Iowa for undergraduates. In addition, the consultant serves as facilitator/training staff for Healthy Child Care Iowa, and twice a year provides cultural awareness in child care through the Iowa Training Project of Child Care Nurse Consultants.
- Staff continue to partner and maintain ongoing communication with Region VII HIV/AIDS, Women's Health, OMH, Regional Health Administrator and Deputy Regional Health Administrator staff. The relationship has been enhanced with increased communication, technical assistance, and funding and support services.
- Staff continue to serve on several advisory boards and committees that are inclusive of, but not limited to, the Global Health and Project Export advisory boards for the University of Northern Iowa, the Diversity Committee for the University of Iowa, and chair of the Iowa Minority Recruitment, Education & Advocacy on Careers in Health Network.
- In 2007 IDPH OMH staff was appointed to and serves on the National Association of State and Territorial AIDS Directors (NASTAD), African American Advisory Committee, Strategic Prioritization and Partnership Building Subcommittee.

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Eliminating Health Disparities Statewide Initiatives

The IDPH OMH's plan for eliminating health disparities includes the following goals, objectives, and activities that will be established for implementation:

- Implement the IDPH OMH strategic initiatives as outlined in the plan,
- Establish a multicultural health advisory council in administrative rules, and
- Create a regional IDPH OMH presence through coalition building.

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Level of Funding Sources

Year	Federal	State	Private
FY 2006	\$0	\$0	\$0
FY 2007	\$72,500	\$0	\$0
FY 2008	\$180,086.50	\$0	\$0

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Resources

There are currently two staff persons assigned to IDPH OMH. The consultant for the office is lead staff and responsible for all program policies, procedures, technical assistance, training, and program implementation. The consultant also provides partial program coordination for the refugee health program. The consultant serves as part of the division management team and department senior staff. The office has no sustained budget funding; however the salary for the consultant staff person is funded 92 percent through the HRSA Title V block grant funding and 8 percent through HHS, Office of Refugee Resettlement funds. The Refugee Health Program is also housed within IDPH OMH and 100 percent of the Refugee Health Specialist salary is through HHS Administration of Children and Families Office of Refugee Resettlement funding.

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targeted and outcome-focused manner.

The Advisory Committee comprises representatives from health disparity areas: public, private and community health providers in medical, mental health, and substance abuse; individuals from the target population; state and local public health partners, disease-specific health and treatment programs, and community members. The Advisory Committee will act as an advocacy group to address unique health issues impacting racial/ethnic populations, including access to health care, disease specific health disparities, and culturally appropriate and linguistically competent health care. The Advisory Committee's ongoing role will focus on providing advice and consultation relative to those initiatives, as well as on identifying resources to build the capacity of the office.

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Purpose/Mission Statement

The mission of the KDHE-CHD is to promote and improve the health status of racial/ethnic and tribal populations in Kansas by advocating for and coordinating access to primary and preventive health services that are effective, efficient, and culturally competent. The Center's vision is to eliminate health disparities among racial/ethnic and tribal populations, and in doing so to foster the well being of all Kansans.

Practical Vision - The practical vision of KDHE-CHD is to establish a comprehensive program to eliminate health disparities that will serve as the focal point for advisement, guidance, and promotion of culturally competent policies and practices that support individual and community health efforts serving racial/ethnic and tribal populations statewide.

Guiding Principles - Guiding principles of the KDHE-CHD have been implemented to demonstrate its commitment to promote and improve the health status of all racial/ethnic and tribal Kansans.

- Providing public health advocacy for health equity,
- Providing capacity building to provide cultural and linguistically appropriate services (CLAS) in all areas of public health,
- Promoting health awareness, prevention initiatives, and access to quality healthcare,
- Creating linkages and establishing networks through collaboration among local, state, national, and federal entities,
- Providing technical assistance to existing agencies/organizations that provide services to racial/ethnic and tribal consumers in the utilization of data to develop targeted, culturally specific programs and/or services,
- Identifying resources and developing effective programs,
- Monitoring health status of populations of color through data collection, analysis, and dissemination,
- Providing social marketing through media and awareness campaigns to improve public awareness about health disparities,
- Providing policy leadership to advocate for changes in policy, practices, and programs.
- Advocate for the utilization of CLAS standards in all levels of public health service delivery, and
- Coordinating and sponsoring an annual statewide conference focused on health disparities impacting racial/ethnic and tribal populations to educate and promote awareness among public health partners.

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Eliminating Health Disparities Statewide Initiatives

The KDHE-CHD's efforts to eliminate health disparities for racial/ethnic and tribal populations will be focused on the following strategic areas:

- Strategic Area 1: Health Planning and Policy Development - Health planning is the process of defining community health challenges, identifying needs and resources, establishing priority goals, and setting the administrative action needed to reach those goals. Policy development is a course of action chosen to support and ensure the goals of eliminating health disparities are met.
- Strategic Area 2: Health Promotion and Disease Prevention – Health promotion and disease prevention is the process of enabling people to take control over and improve their health. Empowering citizens to change their lifestyle to move toward a state of optimal health and wellness, thus increasing their quality of life.

- Strategic Area 3: Education, Training and Technical Assistance – Education, training, and technical assistance is the process that increases the skills and knowledge of collaborative partners to understand program goals and objectives in the elimination of health disparities and to provide culturally and linguistically competent health care services.
- Strategic Area 4: Building Cultural Competency - Cultural competency is defined by the US Department of Health and Human Services as “the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group.”

Core Functions

All strategic areas include core functions that are focused on building the infrastructure and operational capacity of KDHE-CHD to successfully facilitate and establish a public health network to address racial and ethnic health disparities. KDHE-CHD core functions include:

- Policy Leadership
- Advocacy
- Data Management
- Community Capacity Building
- Public Education and Awareness
- Annual Health Disparities Conference
- Training and Development

Opportunities for New Programs

Media and visibility campaign that includes professional and community presentations to promote awareness regarding health disparities and current needs.

Funding through the federal Office of Minority Health to partially fund and facilitate five community health initiatives during FY 2007 in health disparity areas (including Wichita, Garden City, and Kansas City) for disease-specific health disparities (i.e. diabetes, cancer, immunizations, HIV/AIDS, maternal child health, cardiovascular disease, and mental health). This initiative will be released during FY 2008.

Community partnerships for health promotion and wellness for disease-specific health disparities within target populations can be developed at health fairs and educational events with national, state, local, public, and private entities.

Organizational assessment of internal and external partners to identify strengths and weaknesses to build successful program collaborations and data collection standards to ensure that an infrastructure is sustained to support the health care needs of racial/ethnic and tribal populations.

Community Access Project that includes focus groups and health information and preferences survey within target populations in health disparity areas to assist with completing population assessments, developing culturally and linguistically competent health programs/interventions, and providing technical assistance to healthcare providers.

Annual Health Disparities Conference encourages public health professionals to effectively address health disparities of racial/ethnic populations during public health priority setting, decision-making, and program development. The conference provides a centralized, educational forum on health disparities to increase the level of knowledge among public health professionals.

Black Infant Mortality Initiative is being developed to address the increasing rates of infant mortality within the African American population. The Center will engage in a comprehensive, collective effort with KDHE Maternal Child Health and other stakeholders to address this critical issue.

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Level of Funding Sources

Year	Federal	State	Private
FY 2006-07	\$74,600	\$85,000	\$40,000

Internal resources (FY 2008) will be provided, as needed, from the Office of the Secretary. The Center will continue to research and apply for outside funding sources for program sustainability.

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Resources

The Center for Health Disparities is staffed by one full-time employee and one part-time program support employee.

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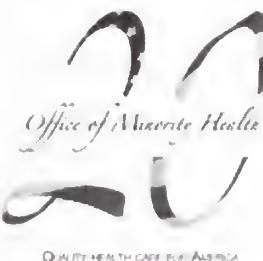
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Organizational Structure/History

The Bureau of Minority Health Access is located within the Office of the Secretary in the Department of Health and Hospitals. Established in the 1999 Legislative Session, the determining factors for establishing such an office were to provide access to care and to reduce health disparities among racial/ethnic populations.

Louisiana's Minority Health Affairs Commission and the Disparity Commission were both established by legislation, and both advise the bureau. Membership represents all major minority groups, including African Americans, Hispanics, Native Americans, Asian Pacific Islanders and Vietnamese Americans.

Purpose/Mission Statement

The mission of the bureau is to facilitate the collection, analysis, dissemination and access to information concerning minority health issues and to address and help reduce the disparities in health status for the underserved, under-represented populations in the state by using multicultural and culturally-competent approaches to enhance the way delivered.

Louisiana

Bureau of Minority Health Access

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Program Focus/Activities

The Bureau of Minority Health Access aims to

- Create and implement a standard approach for the implementation of and the use of community-needs assessment,
 - Encourage communities to become active participants in developing healthy environments to help foster the health and well-being of all those who live there,
 - Assist the Department of Health and Hospitals in the design and creation of specific intervention programs that target minority and medically-underserved populations to decrease morbidity and mortality,
 - Create a collaboration among agencies to provide foreign language translation to health care providers who focus on minority clientele,
 - Assist in assuring that pertinent health care information is disseminated to minority populations in a linguistically-friendly form and format,
 - Identify and work with other agencies and organizations dealing with health issues related to minorities and the medically undeserved as priorities and
 - Identify private sector agencies involved in planning, implementing and delivering health care programs and services to racial/ethnic minorities and to other underserved populations.

Health Promotion

In order to form community health groups, the Bureau of Minority Health Access actively recruits key leaders from city and regional government, local media, business and work sites, community colleges and universities, historically black universities (Grambling State University and Southern University), medical and other health professionals, churches, social and civic service agencies, grass roots and advocacy groups and interested citizens.

Most of the bureau's activities center on health workshops and health fairs with local community groups. The bureau is currently working with victims of Hurricanes Katrina and Rita. Through Operation Safe Re-Entry, the bureau is helping these victims re-build their lives and improving access to health and social services.

Operation Safe Re-Entry

The purpose of Operation Safe Re-entry was to determine the health status of minority communities and to facilitate preventive and post care through support for victims devastated by Hurricane Katrina in Orleans, St. Bernard and St. Tammany Parishes. The people who reside in these communities are African Americans, Hispanics, Native Americans and poor whites. Many of them live in low socio-economic areas and have fallen through the cracks during Louisiana's hurricane-recovery efforts.

Most of these residents were slow to receive the minimum assistance offered by federal, state and local agencies or from associations like the Red Cross, the Salvation Army and other charitable organizations. Barriers that inhibited these communities from obtaining basic needs were lack of transportation, phone service and internet access. With funding provided by the Federal Office of Minority Health (Central) and the Minority Health Office (Region VI), these barriers had to be challenged and eliminated in order for community residents to survive.

Specifically, Operation Safe Re-entry is designed to:

- Identify and establish partnerships with health care providers, medical facilities, faith-based organizations and community-based, minority-serving organizations,
- Develop a work plan of action in the approach and process for implementing project tasks,
- Coordinate efforts with city and health officials to address environmental toxins and diseases in hurricane-affected areas and
- Collaborate with partners and coordinate medical/mental health/social services and counseling services, for remaining hurricanes victims.

Operation Safe Re-Entry was implemented in five phases:

Phase One: Conducted Health Fairs with presentations from city, state and federal officials and distributed supplies.

Phase Two: Organized 'Street Teams' to conduct door-to-door community health assessments.

Phase Three: Reorganized 'Street Teams' in newly-discovered-hurricane-ravaged areas with an emphasis on pregnant women and infants.

Phase Four: Established a 24/7 grass roots recovery office for evacuees in Arkansas and Louisiana.

Phase Five: Informed hurricane-ravaged communities about health and environmental concerns post-Katrina. Community environmental workshops are currently being considered with city and health officials to address concerns still plaguing low socioeconomic areas.

Minority and Multi-cultural Health Month

The Bureau and the state of Louisiana now recognize April as Minority and Multi-cultural Health Month, which is a 30-day, high visibility, health-promotion and disease-prevention campaign. Conducted with and by community-based agencies and organizations, this celebration reaches into urban, suburban and rural areas of the state.

Minority and Multi-Cultural Health Month is designed to:

- Promote healthy lifestyles,
- Provide crucial information to allow individuals to practice disease prevention,

- Showcase the resources for and providers of grass roots health care and information,
- Highlight the resolution of the disparate health conditions between Louisiana's minorities and non-minority populations and
- Gain additional support for the on-going efforts to improve minority health year round.

In addition, the Bureau:

- Establishes community wellness programs to prevent heart disease, hypertension, HIV/AIDS and diabetes,
- Directs services to minority children through the Louisiana Youth Against Tobacco Program,
- Serves in an advisory capacity for "Improving Health and Long Term Care Service Systems and Support for People with Disabilities and Long Term Illness to Live in the Community" and
- Co-sponsors "Louisiana Men's Health Conference," "Partners for Healthy Babies," and the "Lighten Up Louisiana" challenge.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$99,990	\$50,010
FY 2006-07	\$109,000	\$150,000

Expenditures of the Bureau of Minority Health Access are included in the overall state funds within the Department of Health and Hospitals.

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Resources

The Bureau of Minority Health Access is staffed with two full time employees—the director and a secretary. Funding for local and statewide projects is provided by the Centers for Disease Control and Prevention, Office of Public Health Tobacco Control Program and Medicaid's LaChip program.

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Recent Publications

Minority Health in Louisiana: From Disparity to Parity Report

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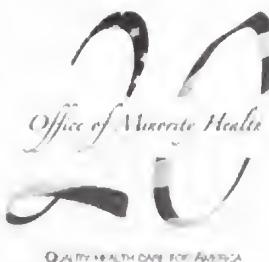
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Organizational Structure/History

During Maryland's 2003 Legislative Session, HB 883 paved the foundation for Maryland's Health Care Disparities Initiative that is interwoven within HB 86 and SB177. These bills are codified in the Maryland Annotated Code Health - General § 20-1001, et seq. and § 20-901 et seq. The Maryland 2004 Legislative Session enacted House Bill 86 and Senate Bill 177, officially establishing Maryland's Office of Minority Health and Health Disparities (MHHD), in the Office of the Secretary of the Department of Health and Mental Hygiene (DHMH), effective Oct. 1, 2004.

With the passing of HB 883, the Secretary's Task Force on Eliminating Health Disparities was established as a DHMH internal advisory group. MHHD created and leads a health disparities data work group that consists of DHMH program members holding responsibility in data management. Additionally, the Secretary has established a Minority Health Disparities Collaborative that serves as a senior-level steering committee to guide the internal assessment.

During the 2-year development of the *Maryland Plan to Eliminate Minority Health Disparities*, four working committees served as a resource to MHHD to provide advice and guidance in identifying key information sources, provide recommended goals to eliminate minority health disparities and to ensure that key community and professional perspectives were represented. The four committee focus areas were: Health Profession Education, Identifying Funding Strategies, Access to Quality Healthcare Services and Measuring Health Disparities.

- Eliminating Health Disparities Statewide Initiatives
 - ▶ Level of Funding Sources
 - ▶ Resources
 - ▶ Recent Publications

Purpose/Mission Statement

In fulfillment of the Department's mission to promote the health of all Maryland citizens, MHHD will focus the Department's resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs and monitor and report the progress to elected officials and the public. The target ethnic/racial groups shall include Native Americans, African Americans, Hispanic/Latino Americans and Asian Americans.

The Maryland's DHMH envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among its ethnic and racial populations, thereby leading the way to a Healthy Maryland in the new millennium.

Program Focus/Activities

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Legislative Initiative

MHHD reviews existing laws and regulations to ensure that they facilitate adequate health care to minorities and recommend changes. During the Maryland 2008 Legislative Session, MHHD reviewed 22 bills, prepared four fiscal notes and submitted two letters of information. Bills related to minority health issues that were passed during the Session focused on cultural diversity programs, cultural competency courses at institutions of higher education, physician shortages in rural areas, newborn screenings for hereditary and congenital disorders and HIV testing for pregnant women.

Annual Statewide Health Disparities Conference

Since 2004, MHHD has hosted an annual statewide health disparities conference to provide individuals from around the state an opportunity to come together to share strategies, best practices, successes and barriers to addressing and reducing minority health disparities in Maryland. The conferences provide input and recommendations to the state from a diverse cross section of Marylanders on how health disparities can be eliminated and addressed. Collectively, more than 2,000 individuals have attended these annual conferences.

Workforce Diversity Initiative

The goal of the Workforce Diversity Initiative is to increase minority representation in Maryland's health workforce by working with health professional schools to increase the number of minority graduates. This is being accomplished through partnerships with Maryland's health professional schools, adaptation of national best practices, implementation of a campaign to increase awareness of the need for greater diversity in the health workforce and the collection of baseline and annual data to monitor progress and reinforce best practices. Currently, MHHD is working with four Maryland hospitals to address cultural competency issues as well as the state's Higher Education Commission, the Health Occupations Boards and the national Sullivan Alliance to Transform the Health Workforce. This is a five-year initiative funded under the States Partnership Cooperative of the federal department of Health and Human Services' Office of Minority Health (OMH).

Departmental Assessment

The Departmental Assessment is an initiative to identify and develop DHMH capacity to target program resources to address minority health disparities with three components: Action Plans, Managing for Results (MFR) Review and Best Practices. The goal of this initiative is to apply a systems-change approach, resulting in a greater focus on reducing minority health disparities at the DHMH. The DHMH Secretary has established a Minority Health Disparities Task Force and Work Group. This Work Group has completed the pilot testing of the self-assessment instrument and continues to review program Action Plans. MFR objectives have been reviewed for fiscal years 2006 to 2009. During this period, minority-related objectives have constituted 5 percent of all MFR objectives. Additionally, MHHD has published and disseminated "Best Practices in Capacity Building and Disease Management and Prevention to Address Minority Health Disparities," a collection of programs illustrating best practices and strategies in addressing minority health disparities. This is a five-year initiative funded under the States Partnership Cooperative of OMH.

Minority Health Disparities Data

MHHD is coordinating a departmental effort to develop an optimal and standardized approach to racial and ethnic data collection, data analysis and data reporting. Such optimized data systems are essential for the development and assessment of statewide health disparities' strategic plans. In addition to leading the health disparities data workgroup, MHHD published the *Maryland Chartbook of Minority Health and Minority Health Disparities Data* in November 2007. The MHHD data program also produces smaller data reports, or data highlights, for various purposes, including public events and briefings, to legislators and the executive branch. The data program also provides assistance to Maryland's local health departments in the collection, analysis and reporting of racial and ethnic health data. The MHHD data program enhances DHMH's ability to track progress in reducing racial and ethnic health disparities.

Information Clearinghouse

The office maintains the Department's Health Disparities Initiative Web site, www.mdhealthdisparities.org, which contains national and state minority health disparities data, national and state health disparities reports, minority resources, a calendar of minority health events, best practices, health disparities Web site links and funding opportunities. Information specific to women's health, men's health and cultural competency is available. A language translation tool is available for the languages of French, German, Italian, Portuguese, Spanish, Chinese, Korean and Japanese. The purpose of the Web site is to provide an information clearinghouse and library for groups interested in minority health issues. The website logged approximately 245,000 hits in 2007.

Within the clearinghouse, MHHD has compiled more than 1,000 health disparities-related documents, reports, books, and other materials. Additionally, MHHD publishes a newsletter three times a year in order to provide information to constituents in a print format.

Minority Outreach and Technical Assistance (MOTA)

With passage of SB896/HB1425 in 2000, the Maryland General Assembly established the Cigarette Restitution Fund Program (CRFP) with MOTA being part of the Statewide Public Health component. MOTA focuses on educating, enlightening and empowering ethnic minorities to impact cancer and tobacco health care decisions in their local jurisdictions. Since 2000, annual grants are awarded to minority and minority-serving community-based, grass-roots and faith-based organizations to reduce cancer and tobacco use disparities. So far, MOTA grantees have recruited 474 organizations to advocate for the health needs of targeted minorities through work with local health departments. Cancer and tobacco health messages were provided to 203,647 individuals through cultural events, educational workshops and information distribution. Additionally, 1,323 minority grantees and individuals have contributed minority input by working closely with cancer and tobacco coalitions and local health departments.

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Eliminating Health Disparities Statewide Initiatives

The preliminary copy of the Maryland Plan to Eliminate Minority Health Disparities was released in December 2006. The Plan promotes dialogue across Maryland on the causes, solutions and challenges faced by the state. The development of the Plan, two years in the making, was a coordinated effort of MHHD, the public, health professionals, academia, community health groups, other stakeholders and DHMH. It also included the four health disparity committees, five Roundtable discussions and six Town Hall meetings. More than 1,000 ideas and recommendations were received. Major themes that emerged from this dialogue included improving cultural competence among health providers, increasing minority representation in the health professions and improving data systems in the state relating to the collection of racial/ethnic data.

MHHD is conducting work sessions with health professional academic institutions to review existing standards that promote cultural competency and collaborate in advancing practical applications and sharing best practices to address minority health disparities. Additionally, partnerships are being developed among public and private sector agencies and advocacy groups to implement recommendations for change. An electronic copy of the Plan is located at www.mdhealthdisparities.org/planelimdisp.html.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$0	\$359,037
FY 2006	\$148,750	\$373,029
FY 2007	\$186,326	\$326,109
FY 2008	\$159,250	\$326,109
FY 2009	\$159,250	\$662,220

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Resources

MHHD is led by a full-time director and a deputy director who also direct the state's Cigarette Restitution Fund Program and oversees the Minority Outreach and Technical Assistance program. The MHHD team also includes a full-time assessment director, workforce diversity director, program manager, health policy analyst, research analyst, information specialist, agency budget specialist supervisor, executive assistant and secretary. A part-time (75 percent) epidemiologist/preventive medicine physician is also a member of the MHHD team.

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Recent Publications

Maryland Chartbook of Minority Health and Minority Health Disparities Data - 2007

Practices in Capacity Building and Disease Management Prevention to Address Minority Health Disparities - 2007

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Michigan

Organizational Structure/History

In 1987, the Director of the Michigan Department of Public Health convened a task force to study the status of minority health in Michigan. The task force issued a report titled "Minority Health in Michigan: Closing the Gap." One of its recommendations was to create an office of minority health. As a result, in 1988 the Michigan Office of Minority Health (MI-OMH) was established by Executive Order.

Current Organization Structure

In 2005 the Michigan Department of Community Health decided to take a more focused approach and created the Health Disparities Reduction and Minority Health Section (HDRMH). The HDRMH Section is a part of the Division of Health, Wellness and Disease Control within the Public Health Administration in the Michigan Department of Community Health. The Division has a director, and a HDRMH section manager who reports to the division director.

Health Disparities Workgroup

The Health Disparities Workgroup was formed in 2004. The purpose of the workgroup is to increase the awareness of health disparities by:

- Collecting and disseminating relevant data;
 - Distributing information on public health interventions with proven effectiveness;
 - Establishing a systemic approach to intra- and inter-agency communication; and
 - Leveraging resources.

Products of the workgroup include a slide presentation, fact sheets and brochures, the development and maintenance of a program Web site, initiation of a student shadowing project and inclusion of racial and ethnic data in the Michigan Care Improvement Registry (MCIR) [PDF, 772KB]. In addition, the workgroup also developed a series of Lunch & Learns to address health issues impacting minority populations. These Lunch & Learns target departmental staff to promote education and raise awareness.

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Purpose/Mission Statement

- Provide a persistent and continuing focus on eliminating disparities in the health status of Michigan's racial and ethnic populations;
 - Ensure policies, programs, and implementation strategies are culturally and linguistically

- tailored to reduce mortality and morbidity rates; and
- Collaborate with state, local and private sectors to advance and implement health promotion and disease prevention  strategies.

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Program Activities

The Michigan Health Disparities Reduction and Minority Health Section serves as the coordinating body for minority health issues in the state. The Health Disparities Section serves five populations of color: African Americans, Hispanics/Latinos, American Indians, Asians/Pacific Islanders, and people of Arab ancestry. Its purpose is to:

The Health Disparities Section's major functions are:

- Support and initiate programs, strategies and health policies that address disease prevention, health service delivery and applied research for populations of color;
- Collaborate in the development of all department programs and strategies that address prevention, health service and applied research for populations of color;
- Facilitate an ongoing integration of culturally appropriate and linguistically appropriate health services into the public health system.

This responsibility has been carried out primarily through grants to local health departments and community-based organizations. Funding has supported the program goal to reduce health disparities by supporting a portfolio of social/behavioral interventions that will have the greatest impact among racial and ethnic minorities.

Program Activities

In the 2005-2006 fiscal year, the HDRMH program issued competitive grant awards to nine demonstration projects to provide highly targeted and evidenced-based prevention, health promotion and screening services. These interventions address the following health disparities: Hypertension among seniors, cancer screening in the Arab population, lead testing/screening of children 6-years-old and younger, diabetes, asthma, infant mortality and obesity in the African-American community. The emerging grant focus for FY 07-08 will emphasize cervical and breast cancer screening and testing, oral health in children (dental sealants), hypertension reduction, the promotion of safe sleep messages and colorectal cancer education and screening.

In 2005, the Health Disparities Reduction and Minority Health Program received a State Partnership Grant to Improve Minority Health from the Department of Health and Human Services, Office of Minority Health (OMH). The grant award was used to implement the African-American Male Health Initiative (AAMHI). The functional name for the program is Check UP! or Check OUT! (CUCO). The program addresses the growing epidemic in the state of Michigan of the disproportionate morbidity and premature death of African-American men. Through a collaborative effort with Molina Health Care of Michigan, the program has been able to decrease system level barriers and increase knowledge among the African-American male target population of their health risks via a culturally competent social marketing and media campaign. A CUCO community advisory board has been formed and members were chosen based on their experience to provide critical insights and valuable feedback while strategically guiding the movement of the project. Additionally, a speakers' bureau was formed to disseminate accurate and timely project and health disparities information via speaking engagements and presentations.

"Color Me Healthy" [WORD, 48KB]  - is a statewide campaign that was launched in 1994 and promotes healthy lifestyle behaviors while illuminating some of the positive changes that have occurred in the health status of Michigan's populations of color. The "Color Me Healthy Campaign" has been revitalized through a media campaign designed to highlight programs and services in Michigan Public Health that address health disparities elimination.

Program Evaluation

To further support the funded agencies in their efforts, the Health Disparities Reduction and Minority Health Section contracted with the University of Michigan (U/M) to create a common framework for evaluation. The evaluation framework documented the common themes, goals and activities among the projects. The U/M Staff worked with the funded grantees and constructed a systematic means of evaluation and measures of programs success, so each grantee is able to compare their strategies with those of other communities, and identify best practices for addressing particular goals. U/M staff

held a workshop to develop logic models, connecting program outputs to anticipated outcomes and to facilitate the identification of best practices.

The U/M also documented projects through in-depth case studies and created a description of the activities in each program. The goal of the case studies is to identify barriers and facilitate factors for success and to develop lessons learned from implementing the programs. This documentation will be made available to all participating organizations while the information will be used in program development and dissemination efforts. A tool has been created that evaluates the specific project's goals in the program. The tool can be used by programs with differing goals and methods and varying degrees of evaluation capacity, and extend the capacity with measures of greater sophistication.

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Eliminating Health Disparities Statewide Initiative

Creation of the Strategic Framework

In 2004 the Public Health Administration (PHA), in its strategic planning process, identified elimination of racial and ethnic disparities as a top priority. The Strategic Framework for Racial and Ethnic Health Disparity Reduction, as drafted by the HDRMH Section was approved by the Public Health Administration Management team in April 2006.

The Framework addresses six Vision Priority Areas:

- Improve the health of Michigan citizens and promote safe and supportive environments in every Michigan community;
- Collaborate internally and externally with partners who have shared public health priorities;
- Increase awareness of health disparities by collecting and disseminating relevant data;
- Assure the existence of a strong and effective state and public health workforce;
- Develop effective communication, marketing, and branding capability to help policy-makers, funders and the public value the importance of the state and local public health system; and
- Increase investment and diversification of funding for public health priorities.

The Strategic Framework is discussed and revised with updated activities and initiatives during each Health Disparities Workgroup meeting.

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Level of Funding Sources

Year	Federal	State
FY 2005	\$573,242 (preventive block) \$148,750 (state partnership)	\$900,000
FY 2006	\$415,877 (preventive block) \$159,250 (state partnership)	\$900,000
FY 2007	\$416,440 (preventive block) \$159,250 (state partnership)	\$900,000
FY 2008	\$416,440 (preventive block) \$159,250 (state partnership)	\$900,000

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Resources

Michigan's Health Disparities Reduction and Minority Health Section include:

1 FTE Section Manager is responsible for directing and managing the Section.

1 FTE Health Disparities Program Coordinator is responsible for oversight of the demonstration grant programs.

1 FTE African-American Male Health Initiative (CUCO) Coordinator is responsible for moving the components of the African-American Male Health Initiative.

.5 FTE Health Disparities Epidemiologist guides the data collection and provides data for health promotion and education. (currently vacant)

1 FTE Administrative Assistant performs all clerical activities for the Section.

The CUCO Coordinator and .20 of the Epidemiologist's time are supported by the Office of Minority Health State Partnership Grant.

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Recent Publications

The Michigan Department of Community Health is comprised of bureaus and divisions each with defined goals, objectives and expected outcomes. Racial and ethnic disparities in health status cross all areas of responsibility within Community Health. HDRMH is in the process of finalizing a Compendium, which features Public Health Administration programs supported by the Bureau of Family, Maternal and Child Health (BFMCH), Division of Chronic Disease and Injury Control (CDIC), and the Division of Health, Wellness and Disease Control (DHWDC) between 2003 and 2007 to address health disparities. It is anticipated that this document will be released late Fall 2007.

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Organizational Structure/History

The Minnesota Department of Health's (MDH) first public recognition of the problem of racial and ethnic health disparities occurred in 1987, with the publication of *Minority Populations in Minnesota - A Health Status Report* by the Center for Health Statistics, which detailed, for the first time, the demographics and health status of the state's populations of color. In 1993, the Commissioner of the Minnesota Department of Health, created an Office of Minority Health (OMH). The office is part of the organizational structure of the Minnesota Department of Health (MDH) Community and Family Health Promotion Bureau and changed its name in 2001 to the Office of Minority and Multicultural Health to reflect the growing racial and ethnic groups and the vast cultural factors in Minnesota.

Purpose/Mission Statement

The mission of the Office of Minority and Multicultural Health (OMMH) is to strengthen the health and wellness of racial/ethnic, cultural and tribal populations of the state of Minnesota by engaging diverse populations in health systems, mutual learning and actions essential for achieving health parity and optimal wellness.

Program Focus/Activities

In 1995 the OMH Advisory Committee and OMH staff created the office's first strategic plan, which identified health disparity barriers and proposed a number of projects to eliminate these barriers. One of the office's primary strategies was to increase awareness of racial/ethnic disparities through improved documentation of the problem. The *1997 Populations of Color in Minnesota – A Health Status Report*, documented the extent of the state's health disparities and identified factors that contributed to the poor health of these communities. The 1997 report provided the groundwork for the program and policy recommendations published in OMH's January 1998 *Minority Health Legislative Report: Current Status of Information Related to Minority Health Issues*.

This report outlined a plan for expanding the collection and reporting of standardized racial/ethnic health data. The report called for:

- The elimination of racial/ethnic data collection barriers;
 - The clarification of legal issues related to data collection, reporting and information sharing;
 - Holding health entities accountable for the collection and reporting of minority health data;
 - The improvement of the racial/ethnic coding of the state's vital statistics data;
 - Improved tracking of racial/ethnic morbidity data through existing surveillance systems and the adoption of federal racial/ethnic data reporting rules;
 - The inclusion of populations of color in the state's Behavioral Risk Factor Survey;

- The authorization and allocation of state funds for disparity reduction grant programs and
- The placement of the OMH office into state statute.

An array of potential partners was identified in the report, including business associations, health plan companies, major health providers, American Indian centers, public and private schools, institutions of higher learning, job training programs, community-based organizations and local public health agencies.

In 1998, the Office of Minority Health hosted a statewide conference, *Minority Health Data Collection: Implications for Improving Health Outcomes for Populations of Color*, to demonstrate the importance and utility of collecting and reporting racial/ethnic and socioeconomic health data. The conference raised statewide awareness of the strengths and limitations of the state's existing data and for discussing potential strategies to improve routine collection of standardized racial/ethnic health data.

Local Needs Assessments

In 2000, the MDH Office of Minority Health continued to document health disparities through grants to six rural community health boards and the Twin Cities' seven-county metropolitan area. The purpose was to conduct local minority health needs assessments. Rural assessments were conducted in areas with new immigrant populations, including Goodhue, Olmsted, Otter Tail, Rice, Todd and Winona counties.

The Goodhue report focused on health care access issues (language barriers, lack of dental care and need for insurance), community issues (the need to dispel racial/ethnic myths, celebrate differences and respect others) and on health-related disparities (including high rates of unemployed and uninsured).

The Olmstead assessment focused on social and economic factors (poverty, segregation and racism). The report also identified health disparities across the life span (in the areas of pregnancy, birth, prenatal care, alcohol and tobacco use during pregnancy, infant immunization, child abuse and neglect, HIV/AIDS prevalence, STI incidence and years of potential life lost).

The Todd and Rice assessments focused on their Hispanic/Latino populations, while the Winona County assessment surveyed both Hispanic/Latino and Hmong groups.

The Otter Tail assessment made several recommendations, including incentives to encourage people of color to enter health professions, brochures and other health education materials translated into additional languages, resource centers to help people access health services and new ways to lower the cost of health insurance for low-income people.

The Metro Local Public Health Association (MLPHA) conducted the needs assessment for the Twin Cities' seven-county metro area. In 2001, a summary report was published, which included policy recommendations, a health disparity data book and an immigrant/refugee study.

Gaining Credibility

OMH pursued a parallel strategy to increase the importance and visibility of the health disparity issue both inside and outside MDH. In 1998, MDH published a set of 18 statewide goals, *Healthy Minnesotans: Public Health Improvement Goals 2004*.

OMH advocated for other work units inside MDH to focus on minority health as part of their ongoing work. For example, OMH and MDH infant mortality staff obtained a planning grant from the *Reach 2010* program, a federal health disparities initiative administered by the Centers for Disease Control and Prevention (CDC). The MDH infant mortality project was aimed at reducing infant mortality rates among the state's American Indian and African-American communities.

In January 2001, legislative sponsors introduced Eliminating Health Disparities Initiative (EHDI) in the Minnesota Senate and House of Representatives. The OMH, Family Health Division (Maternal and Child Health), and MDH administrative and legislative policy staff worked to mobilize support for the EHDI legislation.

In January and February 2001, during the early weeks of the session, the results of the local minority health needs assessments were published, exposing racial and ethnic disparities throughout the

state. The results of the metro area minority health needs assessment were released in a capitol press conference, attended by senators and representatives from across the state, several of whom spoke in support of the proposed EHDI legislation.

Community groups organized rallies in support of the EHDI legislation. Asian-American, Latino/Hispanic, and African-American rallies were held on the capital steps and attended by hundreds of community members. Community members actively lobbied their legislators, pressing for the passage of the bill. As one legislator later explained, "It was politically difficult to go against the interests of the Governor, MDH leadership and community members on this legislation."

The Office of Minority and Multicultural Health is also involved in the following program activities:

- Health Planning and Policy Development
 - Legislative presence
 - Advise internal and external leaders
 - Engage community and stakeholders
 - Provide credible information to internal and external policy makers
- Technical Assistance to 52 grantees throughout Minnesota
 - Capacity building
 - Community asset development
 - Data analysis and evaluation training
 - Logic model development

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Eliminating Health Disparities Statewide Initiative

The mission of the EHDI is to support culturally appropriate public health programs designed and implemented by racial and ethnic communities. The success of these programs is built on community assets, and grounded in the cultural beliefs, practices and traditions of communities. The EHDI is administered through the Minnesota Department of Health Office of Minority and Multicultural Health.

This statewide initiative focuses on Africans/African Americans, American Indians, Asians, Latinos and Tribal Nations in eight health disparity areas: breast and cervical cancer, cardiovascular disease, diabetes, healthy youth development, immunization, infant mortality, HIV/AIDS and sexually transmitted infections and unintentional injury and violence.

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Level of Funding Sources

Year	Federal Total	State	Private
FY 2005	\$2,000,000	\$3,800,000	\$75,000
FY 2006	\$2,000,000	\$3,800,000	\$50,000
FY 2007	\$2,000,000	\$3,800,000	\$25,000
FY 2008	\$2,000,000	\$3,800,000	

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Resources

Personnel

Director (1FTE) - Oversee policy impacting health disparities, legislative interface for American-Indian and Populations of Color health issues, represent Commissioner of Health on health disparity issues. Coordinate with other state agencies on disparity issues, staff management, cultivate and nurture relationships across all government, health provider, community and other groups as appropriate to raise awareness of Minnesota's health disparity and seek solutions to eliminate these disparities.

Office Administrator (1 FTE) - Manage all administrative aspects of the office, which includes project management, vendor negotiator, online purchasing, information management, meeting planner, travel planner, intern student orientation, office equipment oversight, etc.

Tribal Indian Liaison (1 FTE) – The Liaison manages, facilitates and evaluates statewide effort to improve health and emergency preparedness among Minnesota's American Indian tribes, develops goals for MDH tribal relations and the development of a framework for planning and implementation of a process that researches and identifies MN tribal resources, needs, and appropriate intervention for each of Minnesota's tribal communities.

Urban American Indian, African American, Latino, Asian coordinators (4 FTEs) – Coordinators are responsible for providing liaison to, community with, and contribute to the health related efforts of specific populations. They mobilize and organize members of the community to address health issues, meet with community representatives and host community meetings, plan health-related activities, provide quantitative and qualitative information on health-related issues to community members and leaders and provide leadership, education, support, and consultation to assigned grantees of the EHDI so that the goals of the Initiative are met. They review and evaluate applications for funding administered by MDH divisions, as requested and review and assist in the development of policies, reports, etc. Coordinators participate in and provide OMMH perspectives to agency division meetings, workgroups, committees, etc.

In addition, the office is supported by two or three summer interns from Macalester College. Their primary work involves Preventative Block Grant activities, event planning, etc.

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Recent Publications

(Support of MDH Health Statistics Department)

2007 Populations of Color Health Data Report
2007 Legislative Report

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Organizational Structure/History

The governor established the Minority Health Care Task Force in 1992 as a result of the findings presented in the 1990 "Report on Minority Health in Mississippi," by the Mississippi State Department of Health (MSDH). The Task Force was organized to assess the health status of the racial and ethnic minority populations in the state of Mississippi. The report's findings revealed that if certain risk factors were reduced, this would greatly decrease morbidity and mortality rates in minority communities. The following risk factors were identified: smoking, inadequate nutrition, lack of early identification of diseases, lack of access to health care, lack of professional education for health providers, and the lack of funding for services and programs which directly benefit minorities. The Task Force studied the committees' recommendations and set forth a number of recommendations that, if implemented, would greatly reduce the health disparities among racial and ethnic populations.

In December 1998, the state health officer authorized the formation of a steering committee to develop a structure for an Office of Minority Health within the MSDH and to implement the Task Force recommendations. As a result, activities under minority health were initiated in March 2000, but not until September of 2003, the State Health Officer established the Mississippi Office of Health Disparities Elimination (MS-OHDE).

Since its inception, the MS-OHDE has been committed to eliminating health disparities based on sound scientifically-based evidence that protects and promotes the health of all Mississippians.

Purpose/Mission Statement

The mission of the MS-OHDE is to promote, assess and advance the health status of racial and ethnic minority residents in Mississippi.

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Program Focus/Activities

In September 2005, the MS-OHDE received two grants from the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services. The first phase of the grant was designed to:

- Coordinate Mississippi efforts to address identified health disparities to Hurricane Katrina evacuees;
 - Assess the cultural competency needs of Katrina evacuees with limited English proficiency;

and

- Support and evaluate current service provisions to affected individuals.

The second grant was a five-year initiative entitled "The Magnolia Model: Mississippi State Partnership Grant Program to Improve Minority Health." The Magnolia Model aims to reduce and eliminate disparities in Mississippi in the area of chronic disease and associated risk factors by strategizing to affect outcomes for cancer, cardiovascular disease and stroke, diabetes, mental health and infant mortality.

The overall purpose of the Magnolia Model is to strengthen existing community and institutional capacity to address the elimination of health disparities. The MS-OHDE will provide support to those groups with the development of statewide multicultural consortium, a health disparity plan, regional seminars, a statewide conference and policy development.

In an effort to combat the disparities in cardiovascular disease, the MS-OHDE investigated racial disparities in cardiovascular mortality, behavioral risk and certain disease knowledge issues. The study of racial disparities is of special importance to Mississippi because the state has the nation's largest proportion of black citizens as well as some of the highest cardiovascular mortality rates.

Katrina Relief

In 2005, the MS-OHDE organized the Katrina Relief Symposium. It identified housing, stress management and capacity building for faith-based/community-based organizations as high focus priorities in facilitating rebuilding efforts on the coast and across the region. This symposium provides the latest information on existing tools to support workers in their effort to meet the immediate needs of the evacuees. In addition, the MS-OHDE provided disaster preparedness training, formulated a survival manual and a faith-based training manual for communities throughout Mississippi. The manual will be available January 2008.

http://www.msdh.state.ms.us/msdhsite/_static/44,0,236.html

Communities in Action

In order to empower communities and enhance the capacity of community-based organizations and faith-based organizations, the MS-OHDE created Communities in Action. This program, a series of workshops, will provide skills to local elected officials, faith-based organizations and interested citizens or groups on:

- Organizational Capacity and Credibility;
- Creating and Securing Funding;
- Return on Investments and
- Strategic Planning and Funds Management.

The MS-OHDE is charged with training all levels of health department employees in cultural competency provided by the director of cultural competency of Morehouse School of Medicine. Addressing cultural competence is imperative. More and more, health and human service providers must operate in cross-cultural contexts. Proper preparation is necessary to effectively prevent, identify and treat many health problems.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005	\$274,990	\$120,000	\$2,0000
FY 2006	\$159,000	\$120,000	N/A
FY 2007	\$159,000	\$120,000	N/A
FY 2008	\$159,000	\$120,000	N/A

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Resources

The MS-OHDE is currently staffed by one director who oversees the activities of the office, ensuring that the health and well-being of racial/ethnic minorities within the state are addressed, one project director, three graduate interns with master's degrees in public health and a biostatistics consultant.

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Recent Publications

An Assessment of Cardiovascular Health in Mississippi: A Focus on Racial Disparities in Mortality, Behavioral Risk Factors, and Knowledge. (2006)

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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 <p>Office of Minority Health QUALITY HEALTH CARE FOR AMERICA</p>				
<h2>Missouri</h2> <h3>Organizational Structure/History</h3> <p>In April 1987, State Representative Mary Groves Bland met with Dr. Robert Harman, then director of the Missouri Department of Health (DOH), regarding the establishment of the Minority Health Issues Task Force. As a direct result of this meeting, the first Department of Health Minority Health Issues Task Force, consisting of community representatives and department employees, was appointed in May 1987.</p> <p>In January 1988, the Minority Health Issues Task Force forwarded two formal recommendations to the director of the Missouri DOH:</p> <ul style="list-style-type: none"> • Establish an Office of Minority Health within the Missouri DOH and • Reduce infant mortality in black and other minority populations, utilizing the Healthy Mothers, Healthy Fathers, Healthy Babies health education project concept. <p>Both of these recommendations were accepted and implemented within the Missouri DOH. Representative Bland sponsored House Bill 1565 establishing the Missouri Office of Minority Health, which was signed into law by Governor John Ashcroft in June 1988.</p> <p>In 2004 DOH became Missouri Department of Health and Senior Services (DHSS), to reflect involvement with the division of aging. The Office of Minority Health has a staff of seven and is currently seated in the DHSS, Division of Community and Public Health's Director's Office.</p>				
<p>In this article...</p> <ul style="list-style-type: none"> ‣ Organizational Structure/History ‣ Purpose/Mission Statement ‣ Program Focus/Activities ‣ Eliminating Health Disparities Statewide Initiatives ‣ Level of Funding Sources ‣ Resources 				
<h3>Purpose/Mission Statement</h3> <p>The mission of the Office is to develop DHSS's capacity to eliminate disparities and promote wellness through a partnership between DHSS, the Minority Health Advisory Committee (MHAC), regional alliances and other community coalitions sharing in the development of policies, initiatives, strategies and a philosophical approach to meeting the health care needs of minority populations.</p> <p>The vision of the Office of Minority Health is that Missouri will become a state where diversity is valued and all residents live healthy productive lives free of health, economic and cultural disparities.</p> <p>Minority Health Advisory Committee (MHAC)</p> <p>This committee was originally formed in response to the 1985 Report of the Secretary's Task Force on Black and Minority Health. It comprises six regional alliances statewide and a 24-member state board. MHAC has been successful in creating an avenue to generate input and activity at the local level, as well as to provide a bridge of communication between the minority community and Department of Health and Senior Services. The current MHAC configuration establishes representation from both rural and urban geographic areas on the MHAC Board and also allows for equitable representation of African Americans, Latino/Hispanic Americans, Asian/Pacific Islander</p>				

Americans and Native Americans. Three priority action areas have been established: obesity, HIV/AIDS and diabetes.

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Program Focus/Activities

Governor's Commission on Minority Older Adults

This 14-member commission addresses the special health, psychological and social needs of minority elderly. The commission produces a yearly report, which states the needs of Missouri's minority elderly as compared to the older population at large and makes recommendations based on its findings. In preparing this report, the commission solicits and considers the input of individuals and organizations representing the concerns of the minority older population. The commission also conducts an outreach program that provides information to older minority Missourians about health, psychological and social problems experienced by older minority individuals and available programs to address those problems.

Paula J. Carter Center on Minority Health and Aging

In 1997 the Office of Minority Health established this center on the campus of Lincoln University, Missouri's only historically black 1890 Land-Grant institution. The Center's leadership vision and mission are accomplished through education, training, applied research, policy analysis and the use of technology as strategic tools. Current projects include a nutrition program for rural minority communities, and a diabetes health promotions project. The Center's representatives are providing education and information on self management of diabetes.

Emergency Response Plan to HIV/AIDS in the African-American Community

In cooperation with the Governor's Office and Missouri's DHSS Section of STD/HIV/AIDS Prevention and Care Services, an emergency response plan with goals, objectives, strategies and interventions was funded in August 2001. Activities included developing community capacity to organize and collaborate in relation to stemming the growth of new HIV infections in the African-American community. This unit has also been a recipient of federal and Territorial Minority HIV/AIDS Capacity Building Demonstration Grant. Specific unit products include a web-based minority training program, speakers bureau, capacity building training seminars, age and gender specific service inventories, annual HIV/AIDS status reports and state and local advisory groups.

Obesity Prevention Project

The Office awarded nine community grants totaling \$200,000 to local organizations to develop obesity prevention and nutrition interventions for St. Louis and Kansas City metropolitan areas and the central region of the state. Seven of these grants are currently functioning.

African-American Infant Mortality Prevention Initiative

This initiative is supported by federal funding (Office of Minority Health State Partnership Grant) for a five-year project. Funds will be utilized to provide coordination and planning with current "healthy birth outcomes" providers. The project coordinator will also oversee the development of a community health education network.

Anticipated Outcomes

- Increased involvement of minorities in identifying and implementing strategies to address their health needs,
- A shared and improved communication network on minority health issues, MHAC activities internally (DHSS) and between DHSS external partners,
- Effective analysis of federal and state legislation for its impact on the health status of minorities,
- DHSS that has awareness of the existence and implications of health disparities, staff committed to the reduction of these disparities and an active involvement of minorities at the policy making level,
- Increased funding provided to minority community based health organizations for the reduction of health disparities and
- Facilitate DHSS goals and objectives aimed at disparity reduction.

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Eliminating Health Disparities Statewide Initiatives

The Missouri Disparities Elimination Plan (MDEP) will be the roadmap to addressing disparities and establishing coordinative community leaders. Distinct strategies will be delineated, which encompass the following concepts:

- Policy change (internal and external), advocacy and leadership,
- Information dissemination, promising practices and models and resources and
- Development and capacity building.

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Level of Funding Sources

Year	Federal	State	Private	total
FY 2005	\$285,161	\$969,040	\$0	\$1,254,201
FY 2006	\$270,094	\$908,955	\$0	\$1,179,049
FY 2007	\$449,720	\$1,116,959	\$18,060	\$1,584,739
FY 2008*	\$449,720	\$916,959	\$0	\$1,366,679

*Projected

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Resources

Personnel

- FTE: 8.33
- Roles and Responsibilities:
 - i. *Chief*
This position is responsible for the overall planning, development and administration of Office of Minority Health initiatives. The primary duties include establishing budget priorities, departmental and programmatic strategic planning, identification and reporting of minority health and minority senior needs and community capacity building and outreach. Duties will require collaboration with agency programs, local health departments, minority health alliances and community-based organizations.
 - ii. *Assistant Chief (Public Health Manager I)* The primary duties of this position include supervising the community staff in Jefferson City and St. Louis, developing and tracking annual budget and other financial agreements, monitoring office contracts and agreements, assisting the chief in preparing office reports, newsletters and presentations as required and interacting extensively with minority groups throughout the state to collect culturally relevant data related to minority health and aging issues.
 - iii. *Health Program Representative III*
Provide technical assistance to the Minority Health Alliances in Eastern, Southwest and Northeast regions of the state and to help address minority health issues facing minority and underserved populations. Assist in the coordination and collaboration of programs and projects with the community- and faith-based organizations. Contract monitor for seven statewide obesity prevention contracts.
 - iv. *Health Program Representative III/HIV Coordinator*
Primary duties are to develop and implement strategies to eliminate the disparate rate of HIV infection in the African-American community. This would include engaging the community in regional planning efforts, tracking progress through statistical analysis, contracting with community-based organizations and developing multi-media plans. Contract monitor for two HIV/AIDS contracts in St. Louis and Kansas City.
 - v. *Health Program Representative III*
Assist and empower Hispanic community-based organizations with addressing health care issues and barriers in the rural and metropolitan areas. Assist in formulating culturally appropriate and culturally sensitive prevention and health promotion strategies. Develop outreach strategies to disseminate health education materials to the Hispanic populations.

Health Program Representative III/Nurse, Infant Mortality Coordinator

Responsibilities include convening an African-American Infant Mortality Prevention Task Force with representation from the at-risk population, minority service entities, infant mortality prevention organizations, neonatalogists and other interested parties. Developing an awareness campaign designed for community implementation. Develop partnerships and collaborations with agencies, community- and faith-based organizations. Create the Infant Mortality Education and Prevention Neighborhood Network to provide prenatal and perinatal health education in areas with infant death rates in excess of the national average. Create a training institute for community-based organizations (i.e., churches, clubs, informal associations or groups, etc.) and health professionals.

v. *Administrative Office Support Assistant*

Support office staff and the Minority Health Advisory Committee, serve as office fiscal manager, process and track office expenditures, process contract invoices, serve as personnel contact and assist office with special projects.

Project Specialist (part-time) - provide support for Ad Hoc Task Force to complete the Statewide Eliminating Health Disparities Plan for Missouri.

Project Specialist (part-time) - develop a cultural competency needs self assessment tool for DHSS.

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Health Disparities	Nebraska			
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Promising Practices	History			
Find Partners	<p>During the late 1980s, a Minority AIDS Task Force located in Lincoln was created to raise awareness about HIV/AIDS and other general minority health issues. In 1991, the Nebraska Minority Health Coalition was created, with leadership from community-based organizations and minority advocacy groups. The coalition approached the Director of Health, Dr. Mark Horton, in late 1991 to indicate the need for a "Minority Health Office" in Nebraska. A "Minority Health Status Report" published by the Nebraska Department of Health's Bureau of Health Policy and Planning (1992), reinforced the need for and influenced the creation of a Minority Health Office. The basic message of the initial report and its subsequent updates, consistent with national studies, was that although Nebraska's population as a whole was healthy, its racial/ethnic minority populations were not. The health status of racial/ethnic minority populations continues to be poor, and significant gaps still exist in the health status between white and nonwhite populations. Staffed by one person, Mr. Roméo Guerra, the Office of Minority Health (OMH) was created in 1992.</p> 			
NPA Summit	<p>In January 1997, a major reorganization within state government created three new agencies. At that time OMH became one of several public health offices within the Nebraska Health and Human Services System. In 1997, OMH was staffed with an administrator and an administrative assistant.</p> <h3>Current Organizational Structure</h3> <p>In 2000, recognizing the need to build stronger health-focused relationships with Nebraska's four federally recognized tribes (the Omaha nation, the Winnebago nation, the Santee Sioux nation and the Ponca nation), the director of the Department of Health and Human Services authorized a new position within the Office: Native American Health Liaison. This statewide position honors the special nature of government-to-government relationships between Nebraska tribal nations as federal entities and the sovereignty of the American Indian tribes in Nebraska.</p> <p>In June 2001, Nebraska's unicameral state government passed Legislative Bill LB692, which expanded the OMH to include two satellite offices. One is located in Congressional District 2 (Douglas County, Omaha, Nebraska), and the other is in Congressional District 3 (Dawson County, Lexington, Nebraska). The satellite offices, under the direction of OMH, coordinate with local and regional health agencies, other state agencies and organizations in efforts related to minority health activities, collect, evaluate, and develop minority health data, develop and promote minority health training materials and provide technical assistance and support to minority health grantees, community organizations, and projects which focus on the elimination of health disparities and the</p>			
Tell Us What You Think	<p>Nebraska Health Disparities Center</p> <p>Raponzil L. Drake, DMin, Administrator Office of Minority Health & Health Equity Nebraska Department of Health and Human Services Division of Public Health 301 Centennial Mall South, PO Box 95026 Lincoln, NE 68509-5026 402-471-0152 402-471-0383 Fax Email: raponzil.drake@dhhs.ne.gov</p> <p>In this article...</p> <ul style="list-style-type: none"> ▶ Organizational Structure/History ▶ Purpose/Mission Statement ▶ Program Focus/Activities ▶ Eliminating Health Disparities Statewide Initiatives ▶ Level of Funding Sources ▶ Resources ▶ Recent Publications 			

equalization of health outcomes for Nebraska's racial/ethnic minorities, Native Americans, newly arrived immigrants and refugees. Satellite offices are dependent upon funding approval by the Unicameral every two years.

In 2006, a federal State Partnership Grant was awarded, which included funding for a Health Program Manager for Congressional District 1 for the first time. This was a state mandated position but remained unfunded. Also, the Program Analyst position was reclassified to a Health Surveillance Specialist.

In 2007, the Office of Minority Health and Health Equity received an FTE position that was used for a second administrative assistant.

In 2008, the Health and Human Services System was again reorganized and the named changed to the Department of Health and Human Services. The office name was revised to the Office of Minority Health and Health Equity and is located under the Division of Public Health.

Minority Health Advisory Committee

A Statewide Minority Health Advisory Committee was established and comprises up to 21 members who represent the different tribes, refugees, immigrants, racial/ethnic minority groups, health care occupations, and genders. They are from urban and rural settings and different geographical regions across the state. The committee advises the Nebraska OMH on the current needs and issues affecting the health status of racial/ethnic minorities in Nebraska and provides input to the areas of focus for the office. Two members of each congressional district steering committee are members and address specific concerns in their areas.

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Purpose/Mission Statement

The mission of the office is to improve the health status of racial/ethnic minorities, Native Americans, refugees, and newly arrived immigrant groups in Nebraska. This is accomplished through:

- Monitoring health problems and hazards and advocating for health equity,
- Increasing public awareness about health disparities through information, education, and empowerment,
- Improving access to health services,
- Promoting and advocating for cultural awareness and competency in the health care workforce,
- Monitoring, collecting, developing, and providing relevant statistical data to identify health status,
- Reviewing, evaluating and recommending policies and programs to assure effective access and culturally competent health services,
- Increasing representation in science and health professions of racial and ethnic minorities, Native Americans, refugees, and newly-arrived immigrants,
- Promoting and mobilizing collaboration and partnerships among federal, regional, and state agencies and community organizations,
- Expanding community-based health promotion and disease prevention outreach efforts, and
- Developing grants and other resources.

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Program Focus/Activities

Health Planning and Policy Development involves policy development and review, along with program assessment, to ensure a more positive impact on racial/ethnic minorities. OMH conducts forums across the state to collect information, review the quality of service delivery, and determine needs of racial/ethnic minority clients. In addition, Nebraska OMH hosts or sponsors conferences on various topics impacting racial/ethnic minorities by focusing on health disparities such as substance abuse prevention and treatment, diabetes, cardiovascular disease, stroke, tobacco cessation, and maternal child health issues.

Technical Assistance and Training provides assistance to improve racial/ethnic minority health services, cultural awareness/education, and reviewing grants. The administrator also has participated in numerous grant reviews and facilitated the development and submission of several applications proposals to state and federal agencies. Training on Culturally and Linguistically

Appropriate Services (CLAS) standards has also been offered to local health departments and their boards of health.

Health Initiatives/Programs/Services

Nebraska OMH is responsible for the oversight and monitoring of \$1.58 million for minority health initiatives funded by the state, providing minority health services to counties in Congressional Districts One and Three having or exceeding 5 percent population of racial/ethnic minorities. There are 22 projects which focus on providing services and programs that assist the state in accomplishing Healthy People 2010 goals and objectives to increase the quality and years of healthy life and to eliminate health disparities. Additionally, within Congressional District Two, \$1.4 million is distributed equally between federally qualified health care centers serving more than 75,000 racial/ethnic minorities.

Listed below are examples of health initiatives or programs conducted:

- Minority Health Conference – held annually for 14 years,
- Midwest Methamphetamine Conference – covering six states,
- CLAS Missing Links Conference – series of 4 annual conferences with Region V Systems,
- Minority Health Month – state proclamation supporting national initiative,
- Take a Loved One to a Health Care Professional Day – national initiative,
- Bi-National Health Week – national initiative and
- Cultural Competency Curriculum developed to train internal DHHS staff, health providers, and health workers.

The OMH's State Partnership Grant enabled the Nebraska OMH to conduct a Public Health Policy Leadership Summit, offer mini-grants to community-based and faith-based organizations, host career fairs and lunch and learns, sponsor Native American focused projects, promote the Safe Sleep Initiative, assess the cultural competence of local health departments, DHHS, and institutions of higher learning, support local Shadow a Health Professional Day, and conduct a consumer survey of local health departments on CLAS.

Impact of Program Activities on Communities

Program activities are delivered through population-based services and studies through the local public health departments and community organizations, versus direct services. Emphasis is placed on awareness of cultural competency, language barriers, health disparities, CLAS, and access to care.

There are approximately 798,020 unduplicated contacts on a yearly basis. The Office works with 20 local health departments, 11 community health centers, and 87 hospitals.

The Office maintains a Web site page at www.dhhs.ne.gov/minorityhealth.

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Eliminating Health Disparities Statewide Initiatives

The Minority Health Strategic Plan for Nebraska was developed by outside contractors based on community meetings and consultations with the Statewide Minority Health Advisory Committee, the Nebraska Minority Public Health Association, Public Health Association of Nebraska, and Health and Human Services System staff.

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Level of Funding Sources

Year	Federal			State		
	MCH	PVHS	SPG	GF	MHI/FQHC	NAPHA
FY 2005	\$55,500	\$80,639	\$0	\$226,500	\$2,980,000	\$500,000
FY 2006	\$55,500	\$80,639	\$154,545	\$226,500	\$2,980,000	\$500,000
FY 2007	\$55,500	\$80,639	\$154,545	\$226,500	\$2,980,000	\$500,000
FY 2008	\$55,500	\$80,639	\$154,545	\$226,500	\$2,980,000	\$500,000
FY 2009	\$55,500	\$0	\$154,545	\$226,500	\$2,980,000	\$500,000

Definitions

MCH - Maternal Child Health/ Title V Block Grant

PVHS - Preventive Health and Human Services Block Grant

SPG - State Partnership Grant

GF - General Fund

MHI/FQHC - Minority Health Initiative funding, Federally Quality Health Centers

NAPHA - Native American Public Health Act

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Resources

The Nebraska OMH currently has nine professional staff and two administrative support positions. The Statewide Minority Health Advisory Committee has 20 members.

1. **Administrator**, Raponzil Drake
2. **Administrative Assistant I**, Cindy Harmon
3. **Administrative Assistant I**, Pat Pankoke
4. **Congressional District 1, Health Program Manager**, Diane Lowe
5. **Community Health Educator III**, (SOS) Vacant
6. **Congressional District 2, Health Program Manager**, Stephen Jackson (Interim)
7. **Community Health Educator III**, Demetria Geralds
8. **Congressional District 3, Health Program Manager**, Toné Mendoza
9. **Community Health Educator III**, Dave Micheels
10. **Health Program Manager, Native American Liaison**, Larry Voegele
11. **Health Surveillance Specialist**, Anthony Zhang

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Recent Publications

- CLAS Standards Brochure, English [PDF, 84KB]
- CLAS Standards Brochure, Spanish [PDF, 53KB]
- Minority Behavioral Risk Factor Survey - Box Butte County [PDF, 350KB]
- Minority Behavioral Risk Factor Survey - Buffalo County [PDF, 342KB]
- Minority Behavioral Risk Factor Survey - Dawson County [PDF, 319KB]
- Minority Behavioral Risk Factor Survey - Knox County [PDF, 351KB]
- Minority Behavioral Risk Factor Survey - Lincoln County [PDF, 345KB]
- Minority Behavioral Risk Factor Survey - Platte County [PDF, 353KB]
- Minority Behavioral Risk Factor Survey - Scotts Bluff County [PDF, 348KB]
- Minority Behavioral Risk Factor Survey - Sheridan County [PDF, 316KB]
- Minority Health Disparities in Nebraska Fact Sheet [PDF, 114KB]
- Health Status of Racial and Ethnic Minorities in Nebraska Report (September 2003) [PDF, 2.6MB]
- Interpreters Speak Out: Nebraska Language Access Survey Report [PDF, 780KB]
- Reaching Racial/Ethnic Minorities with Health Education Needs Assessment Report [PDF, 551KB]
- White paper [PDF, 139KB]
- Office of Minority Health Strategic Plan [PDF, 596KB]

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Nevada

Organizational Structure/History

The Nevada state legislature created the Office of Minority Health with passage of the Assembly Bill 580 during the 2005 legislative session. Included in the bill was the creation of an Advisory Committee composed of nine members reflecting the ethnic and geographical diversity of Nevada.

Purpose/Mission Statement

The mission of the Nevada Office of Minority Health is to improve the quality of health care services for members of minority groups; to increase access to health care services; to seek ways to provide education; and to address, treat and prevent disease and conditions that are prevalent among minority populations.

The Nevada Office of Minority Health's vision is to achieve optimal levels of health and wellness for ethnic minorities in the state. The Office is tasked to provide an organized focus in order to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed,
 - Develop and coordinate a state minority health plan, minority needs assessments, service strategies and minority health data,
 - Provide reference and resources information on minority health issues,
 - Engage internal and external entities to support initiatives that address specific minority health needs, including targeting health care program resources to meet these needs;
 - Monitor Department health programs, policies and procedures for inclusiveness and responsiveness to minority specific findings and
 - Facilitate the development and implementation of research and scientific investigations to produce minority-specific findings.

‣ Level of Funding Sources
‣ Resources

Nevada

Nevada Office of Minority Health

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Program Manager II
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Program Focus/Activities

Community Partners for Better Health (CPB) is a diverse, broad-based collaborative non-profit corporation of faith community members, health care agencies, professionals and other concerned citizens. Its mission is to enable and empower people of color to take responsibility for the prevention and treatment of disease.

Latinos United Celebrating Health Coalition (LUCES) is a group on a mission to empower Latino communities to live healthy lifestyles through information, education, and advocacy. Since 2001, LUCES has been the premiere Latino coalition and resource for community education and advocacy at various levels throughout southern Nevada. LUCES Coalition Board of Directors is made up of

volunteers. The entire coalition is based on the foundation of volunteerism and the commitment from the community and its membership.

Cultural Competence Coalition (CCC) was established to take the lead and to address issues related to cultural competence of health care services in Nevada. The coalition comprises program directors, providers, universities, community-based agencies and community residents interested in affecting change at the macro-structural level.

Southern Nevada Immunization Coalition (SNIC) is a diverse partnership of individuals, businesses and organizations committed to improving and protecting the health of children, adolescents, adults and seniors in Nevada. Its mission is to promote health and to prevent the incidence of vaccine preventable diseases in Nevada through community partnerships and education.

Nevada Cancer Institute (NCI) is comprised of a team of dedicated professionals committed to advancing the frontiers of knowledge about cancer through research and to provide world-class, research-linked cancer services to Nevadans and people throughout the southwest.

Prostate Cancer Resource is the first community-based, no-cost prostate cancer screening resource center for African American men in Nevada that provides screening and prevention services.

University of Nevada, Las Vegas (UNLV) and the Center for Health Disparities Research (CHDR) conduct academic and community-based participatory research that will guide public policy, program development and data collection throughout the state in an effort to reduce, and ultimately eliminate, health disparities.

Ventanas de Salud is a community-based Health Fair program that provides healthcare services to the Latino/Hispanic community in the rural and non-rural areas of Nevada.

Area Health Education Center (AHEC) Season of Discovery Program was developed to build diversity in the healthcare fields by providing students from disadvantaged backgrounds an opportunity to develop the skills needed to successfully enter, complete and graduate from a degree-granting program in Nevada and into a health profession.

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Eliminating Health Disparities Statewide Initiatives

Through continued collaboration with providers, community-based agencies, universities and state agencies, the Office of Minority Health (OMH) anticipates a positive impact statewide on racial/ethnic health disparities that exist in Nevada. With the participation and guidance of the legislatively mandated Advisory Committee, the following projects are under way:

- Finalizing the OMH Strategic Plan,
- Developing a state plan for the elimination of racial/ethnic health disparities,
- Distributing completed resource directories to provide information to the minority community on navigating the healthcare delivery system using various outlets for distribution such as the OMH website, provider offices, community events, conferences, health fairs and other venues,
- Conducting two conferences (north and south) to bolster and empower the community and community-based and institutional organizations addressing minority health issues,
- Increasing awareness of the need for behavior change to promote a healthier life-style using media/internet and social marketing campaigns and
- Developing coalitions to address issues related to cultural competence; these would be community-specific coalitions that represent the uniqueness of various racial and ethnic minority communities. In addition to building these coalitions would build the capacity, sustainability, and effectiveness of the OMH through its collaborative efforts.

The rewards which will accrue to the state in terms of a healthier workforce and reduced impact on public health facilities will justify the work currently underway.

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Level of Funding Sources

Year	Federal	State	Private

FY 2006-07	\$155,853	\$122,101	\$277,954
FY 2007-08	\$155,853	\$121,490	\$277,343

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Resources

The Nevada Office of Minority Health has a staff of three: a health program manager, a health resource analyst and a part-time administrative assistant.

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NH-OMH increased its staff size by adding one full-time health program specialist and a full-time administrative secretary to the OMH Staff. This brings the full-time staff to four, including the director. The increase in staff has increased the ability of the OMH office to work with other departments within DHHS and Public Health to examine and assess the degree of culturally and linguistically appropriate services being delivered and to establish strategies for increasing its capacity. The increase in staff capacity has also allowed the OMH staff to increase its partnering activities with community-based organizations (CBO). These activities include:

Organizational Development of Three Community Partners

In order to increase the capacity of our communities to advocate for and participate in their own health care, OMH chose a strategy of the organizational development for three key CBOs, which, in turn, would allow each organization to provide increased community support. The organizational development activities include board of directors training, development of strategic plans, development of by-laws and articles of agreements and development of non-profit entities where appropriate. Three organizations were selected because they represent significant populations within the state that have significant challenges in health needs and access to health care services:

- The New American Africans (African refugee self-help group in Concord and the State Capitol Area)
- The African Community Center (African refugee self-help group based in Manchester – NH's largest city)
- N'Dakinna Inc. (Our Land) Abenaki Nation. NH's only Native 501(C) 3 (non-profit CBO)

Of the three original community groups listed, the Manchester-based African Community Center disbanded after being without sufficient, timely community support. In its place, the OMH's organizational development specialist began work with another emerging refugee group called "Women 4 Women."

Community Activities

In an effort to further increase the state-wide efforts to reduce health disparities, OMH created and awarded fourteen mini-grants to CBOs to address health disparities. Priorities were given to health initiatives in: diabetes, cardiovascular disease, infant mortality, cancer, HIV/AIDS, immunizations, obesity, minority women's health and mental health. Grants ranged from \$2,000- \$2,500.

Workforce Development

Another initiative supporting the State Partnership Grant is OMH's effort to increase minority participation in the health care industry. OMH created a Nursing Summer Day Camp program for middle school youth with an emphasis on schools with significant numbers of racial and ethnic students. Two one-week programs were taught by nursing and other allied health professionals at a large urban hospital, utilizing a curriculum that includes overview of nursing and other medical careers, CPR certification and site visits to key medical faculties and assistive living centers.

Utilizing Community Input

NH DHHS, along with the OMH, took action to increase the cultural and linguistic resources available in the delivery of services. OMH joined with multi-cultural and multi-ethnic communities across the state to create opportunities for citizens to provide input and dialogue for improved services. This was facilitated by the increased capacity provided by the five-year state partnership grant.

NH DHHS and the OMH are committed to addressing diversity on individual, interpersonal and organizational levels. The Cultural Competency: A Way of Life document focuses on specific areas that include continued assessment of DHHS service levels and delivery methods; awareness training of cultural differences, changing attitudes, behaviors, cultural competency and sensitivity, barrier-free access to programs and services, benefits and resources and specific employment goals, training opportunities, career development and accountability.

Diversity Task Force Advisory Boards

The Diversity Task Force (DTF) serves as an advisory board to the New Hampshire Office of Minority Health. DTF's vision is to increase awareness of diversity issues in NH through collaboration, advocacy and education, as well as to promote a healthy environment for individuals, families and communities.

The overarching focus areas of the DTF are:

- Training and development,
- Public-private partnerships,
- Work with community-based organizations,
- Advocacy,
- Diversity and cultural competency and
- Working with other NH government agencies.

The NH-OMH staff is active on many other external boards and planning committees. The OMH works on local and regional conference development and issues such as childhood lead poisoning, refugee resettlement, domestic violence, disaster planning and many other areas that have an impact on minority health and the general health of our communities.

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Eliminating Health Disparities Statewide Initiatives

The state plan to reduce and eliminate health disparities was drafted and finalized by the Office of Minority Health and the NH community stakeholders. The topics listed below, had their beginnings at the New England Regional Minority Health Conference. The topics are the guiding themes for the interventions that the community and OMH will likely base their activities on in order to reduce and eliminate health disparities for the state. This plan is in the process of being updated.

- Actionable plan using data
- Education of health administration
- Community education
- Reporting status
- Data collection
- Social marketing
- Medicaid – Medicaid drug benefit
- Leadership Development
- Education validation & medical training program
- Develop nursing workforce
- Assessment of patient education by providers
- Agency ownership of cultural competency
- Looking at issues of uninsured & underinsured (Mental Health & Behavioral Health)
- Enforcement of OMB requirements
- Strengthen Office of Minority Health
- Outcome studies to address Institutional Racism
- Shortage of bilingual providers
- Native American activities dialogues – develop conference with Native Americans
- Develop technical assistance for new refugee groups so they can navigate the system
- Kindle fires within agencies
- OMH subgroup on workforce in the medical field/nursing
- GLBT issues mental health
- Website work
- Disabilities
- Definition of disparities
- Discrimination Vs Racism
- Youth involvement & leadership activities
- Education & prevention
- Increase mental health staff to work with refugees
- A component of the Diversity Task Force should always address behavioral health & cultural competency

In follow up quarterly meetings of the Diversity Task Force, the above-listed items were further refined down to four overarching priorities; Healthy Housing, Mental Health, Youth and Families and Communication Access. Subcommittees of the Diversity Task Force have been established to address priorities within each area, and action steps will be developed for each area. It is anticipated that a clearly defined State Plan to address Health Disparities and improve health access and health outcomes will be developed within the next six months.

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Level of Funding Sources

Federal Budget Year	Federal Budget Period	Grant Number	Federal Fund Budget	General Funds Budget	Total OMH Budget
01	9/1/05 – 8/31/06	1-STTMP051012-01	\$147,696	\$7,796	\$155,492
02	9/1/06 – 8/31/07	5-STTMP051012-01	\$158,122	\$36,200	\$194,322
03	9/1/07 – 8/31/08	STTO51012A	\$162,872	\$40,000	\$198,122
04	9/1/08 – 8/31/09		\$0	\$0	\$0
05	9/1/09 – 8/31/10		\$0	\$0	\$0
		Total	\$468,690	\$83,996	\$547,936

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Resources

OMH Personnel (four FTEs)

The four full-time employees include, the director, administrative secretary, specialist and program specialist.

Contracted Consultants (Two)

- Technical Consultant providing organizational development
 - The New American Africans
 - N'Dakinna Inc. (Our Land) Abenaki Nation.
 - Women 4 Women
- Consultant to the OMH
 - Native American Peoples

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Recent Publications

- The NH Ethnic and Racial Data Review – October 2002
- Connecting Communities - Newsletter

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Organizational Structure/History

The New Jersey Department of Health and Senior Services (NJDHSS) became increasingly concerned about the disparities in health status between minorities and whites in the mid-1980s. New Jersey initiated its response to racial/ethnic health disparities in the late 1980s when the minority community and key legislators called for action. In May 1989, the commissioner's Advisory Committee on Minority Health was established and charged with (1) assessing the Health Profile on Minority Populations and (2) advising the Commissioner of Health on effective strategies to improve the health status of minority populations in New Jersey.

In September 1990, NJDHSS officially established the Office of Minority Health in the Office of the Commissioner. The governor signed into law P.L. 1991, Chapter 401, which permanently established the Office in 1992. A departmental data subcommittee updated the "Closing the Gap: Improving Health of New Jersey's Minority Populations," which was published in the Office of Minority Health in 1992. On Aug. 8, 2001, bill A2204 was signed, renaming the Office of Minority Health to Office on Minority and Multicultural Health (OMMH). The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following:

- Ensures that the populations that the office serves include both racial and ethnic minorities and that the ultimate goal of the office is to eliminate health disparities and
 - Enhances the office's powers and duties by allowing the office to award grants to community-based programs.

OMMH serves all of New Jersey's racial and ethnic minorities, including African Americans, Latinos/Hispanics, Asian Americans and Pacific Islanders and Native Americans.

Office of Minority and Multicultural Health Advisory Commission

The Advisory Commission (AC) of OMMH serves as the leadership consortium that reviews and advises the office on needs and priorities relating to minority health in New Jersey and the initiatives and policy recommendations OMMH proposes. The AC also advises the office on the development of requests for applications (RFAs) and the awarding of grants. At intervals, the AC dialogues with the NJDHSS commissioner on the current picture of health disparities in New Jersey to help maintain focus on particular priority areas. The AC also provides the OMMH direct connections to model programs and initiatives that address health disparities. The OMMH Advisory Commission members include representatives from Mailman School of Public Health, Columbia University; University of Medicine and Dentistry of New Jersey; and the Spanish American Social and Cultural

New Jersey

Office of Minority and Multicultural Health
<http://www.state.nj.us/health/commiss/omh>

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Purpose/Mission Statement

The mission of the New Jersey Office of Minority Health is to foster accessible and high quality programs and policies that help all racial and ethnic minorities in New Jersey to achieve optimal health, dignity and independence. The office works to prevent disease and to promote and protect the well-being of racial/ethnic minorities at all stages of life. We will accomplish our mission through increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services.

As a program within NJDHSS, the goal of OMMH is to develop a collaborative state effort to address the wide disparity in death, disease and injury rates for racial and ethnic minorities.

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Program Focus/Activities

Technical Assistance and Training

The OMMH provides training and technical assistance for internal staff and external agencies regarding best practices for addressing health disparities. Health Disparities Grants

- OMMH funds community-based organizations to conduct outreach, education, screening, referrals and follow-up focusing on diabetes and asthma.
- OMMH funds community-based organizations focused on health education, outreach and awareness in New Jersey minority communities.

Mini Grants

OMMH collaborates with the Division of Aging and Community Services to offer training in the Chronic Disease Self-Management Program. The OMMH provides grants to seven community-based agencies to be trained in this technique developed by Stanford University. The program aims to provide coping mechanisms and skills to those affected by chronic diseases such as asthma, cancer and diabetes.

Health Initiatives/Programs/Services

Initiatives to Increase Access to Language Services include:

- Bank of Translated Materials - Bank of health forms, educational materials and other documents that OMMH makes available online for consumers;
- Resource Guide of Language Services in New Jersey - The guide includes resources for increasing access to language services in health care settings and
- Health Literacy Workshops - Health literacy workshops on the principles of plain language, discuss how to develop simple, clear, concise health materials and the importance of easy-to-read health information.

Cook/Rutledge Summer Fellowship - Designed to increase minority participation in the health care profession, the office awards two fellowships to graduate students in public health, medicine and law. Since the summer of 1987, the office has coordinated the selection process and supervised the comprehensive fieldwork experience for these students during their summer internships.

Minority Health Month - September of each year is designated Minority Health Month in New Jersey. The OMMH invites minority community-based organizations, faith-based organizations; hospitals and health centers and state, county and municipal government agencies to submit events for a Minority Health Month Calendar published and disseminated by the OMMH.

Office of Minority and Multicultural Health Web Page - OMMH has an established mechanism for sharing and disseminating information via its Web site. The OMMH Web site is a resource for information related to minority health, health disparities and cultural and linguistic competency. Information disseminated includes related public health practice and policy, education and training, grants, conferences, awards and research. OMMH is linked with state and federal minority health-related entities and includes community-based organization links when possible.

The OMMH Web site is being expanded to include health education materials that have been

translated into other languages, as well as other such resources. The OMMH Web site address is: <http://www.state.nj.us/health/commiss/omh>.

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Impact of Program Activities on Communities

During Minority and Multicultural Health Month, more than 100 events are sponsored by community- and faith-based organizations providing information on minority health related issues. Awareness campaigns increase knowledge of the impact of health disparities on minority populations and the resources available in New Jersey to address this issue. Grantees of OMMH manage projects that address asthma and diabetes in their respective communities. The projects impact the community, increasing knowledge and creating links to medical care and follow-up listed below:

- A total of 3,963 individuals were reached in various community settings, including health fairs, meetings, church services, supermarkets, beauty parlors, dances and other community events and received information on the facts about diabetes,
- 1,386 individuals were found to be at risk for developing diabetes through the ADA Diabetes Risk Test, which represents about 35 percent of the encounters,
- 266 individuals were referred to and visited community health clinics to have their glucose tested,
- 127 individuals, or about 48 percent of those tested for diabetes, had a previous diagnosis of diabetes or were diagnosed with diabetes for the first time,
- 1,644 parents received information on the facts about asthma through local schools, community activities and other events such as health fairs, meetings, church services, supermarkets, beauty parlors, dances and other community- and faith-based activities,
- 491 children were screened for asthma through the peak flow meter to clinically determine their risk factors and current status,
- 611 parents of asthmatic children participated in formal educational workshops on how to prevent asthma attacks and eliminate or minimize the environmental effects of substances and elements that might trigger asthma attacks in children and
- 43 children and their parents were referred and linked to health care providers. In addition, grantees provided interpretation services and translated materials to patients, as needed.

The *State Partnership Grant Program to Improve Minority Health* (a five-year grant of approximately \$150,000 per year) continues to address racial and ethnic health disparities in New Jersey. This five-year program aims to bolster the infrastructure of NJDHSS, increasing the department's capacity to address health disparities. The following are accomplishments:

- OMMH continues to provide leadership in the NJDHSS in implementing best practices (successful programs) in addressing health disparities through funding of grants in diabetes and asthma. More recently, OMMH in collaboration with Senior Services, implemented a mini-grants initiative targeting minority community-based organizations to reduce the impact chronic diseases can have on people's lives and to encourage a positive approach to self-management. For the first time, the training was offered in Spanish. In addition, the OMMH works to bolster the NJDHSS's infrastructure through trainings. This year's Commissioner's Roundtable focused on Social Determinants in Health in addressing health disparities. Most recently, OMMH became actively involved with the Statewide Prenatal Care Task Force which was convened to increase best practices in addressing disparities in prenatal care.
- OMMH continues to support initiatives that increase availability of and access to language services. In the infrastructure area of language access, the Department has improved its ability to provide culturally competent resources for New Jersey's diverse population through continued collaboration with the Health Research and Educational Trust of New Jersey (HRET), a nonprofit affiliate of the New Jersey Hospital Association. This collaboration includes a demonstration project to train bilingual hospital staff to become medical interpreters. This year, 56 medical interpreters were trained in three South Jersey hospitals. In addition, OMMH supported a training for 24 community based leaders to function as guides to help interpret or act as liaisons for minority clients navigating the health care system.
- To increase minorities in the health professions (specifically, to increase minorities in policy-making positions within the NJDHSS), OMMH sponsored a Human Resources training to provide minorities with the skills needed to become mentors. In addition, OMMH sponsored the American Medical Association's Minority Affairs Consortium Initiative, "Doctors Back To School," to raise awareness about the need for more minority physicians. Presentations were made to an estimated 500 elementary, junior and high school students in Trenton.

- To improve systems to collect, code and report racial/ethnic and primary language spoken data, OMMH supported the development of the groundbreaking NJDHSS policy, "Racial and Ethnic Coding Standards for NJDHSS and its Grantees." This policy provides a uniform standard for the collection and reporting of data. OMMH will continue to monitor departmental adherence to the new policy.

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Eliminating Health Disparities Statewide Initiatives

In September 2004, the New Jersey Legislature authorized the Commissioner of NJDHSS to establish the Eliminating Health Disparities Initiative for OMMH. Public Law 2004, c. 137, required the OMMH to develop and implement a comprehensive, coordinated plan to improve the health of racial and ethnic minorities within the state.

In March 2007, OMMH, with the help of other key divisions and units within DHSS, coordinated, developed and released the *Strategic Plan to Eliminate Health Disparities in New Jersey*. This Plan provides clearly stated, measurable goals for the Department in its efforts to eliminate health disparities throughout the state. The goals stated in the Plan are closely linked with the goals of the *Initiative to Eliminate Health Disparities*. This provides a comprehensive network and a strengthened framework for addressing health disparities in New Jersey. OMMH released a one-year update of the department's progress on objectives of the health disparities Plan in December 2007. (Please see OMMH website: <http://www.state.nj.us/health/omh/plan/documents/update07.pdf> [PDF | 162KB]).

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Level of Funding Sources

The budget of approximately \$1.5 million is supported by both state and federal funds. The office was selected to participate in the State Partnership Grant Program to Improve Minority Health. OMMH receives approximately \$150,000 (for fiscal years 2006-2010) from the Federal Office of Minority Health for that program. The office's approximate expenditures for FY 2005 - 2008 were:

Year	Federal	State	Private
FY 2005	\$1,648,750	\$1.5 million	\$0
FY 2006	\$1,664,000	\$0	\$0
FY 2007	\$1,650,000	\$0	\$0
FY 2008	\$0	\$0	\$0

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Resources

OMMH is currently staffed by an executive director, four professionals and two support staff, listed below:

Executive Director - establishes goals, oversees operations and sets agenda for the office,
Secretary - carries out administrative tasks,
Principal Clerk Typist - carries out administrative tasks,
Research Scientist - designs, coordinates and implements specialized research, prepares reports relating to research, grant and other activities and provides technical assistance,
Public Health Representative - serves as liaison to groups interested in department programs and services, monitors grantees and provides technical assistance,
Program Development Specialists (two) - monitor grantees, provide technical assistance, coordinate and report on grant activities and progress, develop partnerships targeting specific minority communities and, update Web site information and
Consultants - provide expertise in a particular area, advise the office on public health trends in the community as well as nationally; conduct research and produce reports to the office on a subject in alignment with OMMH's goals.

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Recent Publications

- The Office of Minority and Multicultural Health Month Calendar of Activities is published every September. See <http://www.state.nj.us/health/omh/index.shtml>.
- The New Jersey Office of *Minority and Multicultural Health Annual Report* is released in the spring. This is a summary and report of OMMH activities, progress and initiatives during the fiscal year. This report is available online at <http://www.state.nj.us/health/omh/index.shtml>.

- The *Strategic Plan to Eliminate Health Disparities in New Jersey* is available by mail request or online at <http://www.state.nj.us/health/omh/documents/healthdisparityplan07.pdf>. [PDF | 6MB]
- The OMMH contributed to the article, "Cultural Competency in New Jersey: Evolution from Planning to Law," which was published in the *Journal of Health Care for the Poor and Underserved* 18 (2007): 35-43.
- The OMMH contributed to the Original Paper, "Access to Hospital Interpreter Services for Limited English Proficient Patients in New Jersey: A Statewide Evaluation," which was published in the *Journal of Health Care for the Poor and Underserved* 19 (2008).

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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New Mexico

Organizational Structure/History

In July 2002, the Office of Workforce Development and Health Equity (OWDHE) was established within the Department of Health (DOH), Public Health Division. The Office's Health Equity component functioned as the point of contact for the regional and national Offices of Minority Health. Specifically, the Health Equity component addressed issues related to health disparities, developed and provided cultural-competency training, and identified resources to address issues related to limited English proficiency. In July 2004, OWDHE was moved from the Public Health Division into the newly created Office of Policy, Planning and Evaluation (OPPE). OPPE was charged with establishing health policy, tracking and coordinating legislative activity and monitoring evaluation for DOH programs.

In July 2005, the New Mexico Department of Health's Secretary, Michelle Lujan Grisham renamed OPPE and created the Office of Policy and Multicultural Health (OPMH), responsible for developing policy initiatives, coordinating the department's legislative strategies and bill analysis process and coordinating the department's efforts on reducing health disparities. In November 2007, the New Mexico Department of Health's Secretary, Dr. Alfredo Vigil, renamed the Office of Policy and Performance (DPP). DPP reported to the New Mexico Department of Health.

New Mexico

New Mexico Department of Health

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Purpose/Mission Statement

The mission of the Division of Policy and Performance is to reduce gaps in health status and to improve the quality of life of the state's diverse populations. The Division will accomplish its mission by:

- Developing health policies and programs that improve access and care,
 - Advocating for policies at the state and federal level that improve health,
 - Working with the state's congressional delegation to communicate Department needs for federal programs and funding,
 - Coordinating the Department's legislative strategy and bill analysis process,
 - Collecting and reporting data on Department priorities and programs,
 - Facilitating effective health outreach and education and promoting community participation in decision-making related to health issues,
 - Facilitating the American Indian Health Advisory Committee, the Health Disparities Advisory Committee, and the CLAS Standards Workgroup and
 - Promoting sound health policy and programs that address the needs of these populations.

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Program Focus/Activities

DPP oversees and implements the activities of a State Partnership Grant to improve minority health which was awarded by the United States Department of Health and Human Services' Office of Minority Health (OMH) in July 2005. The funding received through this grant has enabled DPP to engage in the following program activities with the goal of improving awareness of health disparities as well as the ability of the department to address these disparities.

Health Disparities Report Card

The "New Mexico Racial and Ethnic Health Disparities Report Card" is intended to increase awareness about health disparities. It contains data from a variety of sources from within the DOH. The report card is designed to monitor the state's progress toward eliminating the health status gap among racial and ethnic minorities. Letter grades are used to show how well the health system is doing in eliminating differences among populations by comparing each group to the population with the best rate. A copy of the 2007 report card can be found on the following Web site: www.health.state.nm.us/DPP/.

CLAS Training

One of DPP's ongoing initiatives is to implement the four mandated Culturally and Linguistically Appropriate Services (CLAS) Standards. In September 2006, training on cultural competency and the 14 CLAS Standards was offered to 30 agency staff. Following the success of this event, DPP convened a CLAS workgroup, which developed a shortened version of the training to be used for New Employee Orientation (NEO) for DOH staff. The shorter version includes an overview of the 14 CLAS Standards, a self assessment of cultural competence by the participants and a discussion of the importance of culturally-competent health care, especially in New Mexico. Beginning in April 2007, all new DOH employees began receiving this training. In addition, the CLAS workgroup assisted the DOH Learning Center in developing a CLAS Training that is available to all DOH employees as part of the menu of trainings available through the intranet. DPP also has a link on its Web site to the federal OMH Web site for the cultural competence training, "A Physician's Practical Guide to Culturally Competent Care." The DPP link is available to anyone accessing the DOH web page.

Medical Interpreter Training

DPP provides Spanish and Navajo bilingual medical interpreter training for DOH staff, contractors and community-based service providers. The training includes instruction on the role of the interpreter and the process of interpreting correct medical terminology and vocabulary and role-playing. The training is ongoing and has been provided regularly since November 2006. In addition, DPP, in cooperation with the Behavioral Health Collaborative of the NM Human Services Department, provided the first Behavioral Health Spanish interpreter training in December 2007 to DOH staff and community-based behavioral health providers.

Translation services

New Mexico has a high percentage of Hispanics, 43.6 percent of the total population, with a substantial number of Hispanics who speak only Spanish. Translation of documents is essential to address the four CLAS Standards, to improve access to health care, and to improve the ability of DOH programs and clinics to serve limited-English-proficiency clients. DPP has hired a Spanish translator/interpreter who is providing essential translation services for DOH programs and is also providing advice on how to make program materials more culturally appropriate.

Standard Data Categories

Previously, a variety of data categories were used to piece together a picture of health disparities. In order to improve data collection and reporting, DPP convened a work group to develop standardized data categories, to increase efficiency of data gathering, and to improve the analysis of health disparities. DPP staff is working with the Information Technology Division, as well as with individual programs, to implement these categories as data systems are updated and/or replaced.

Mini Grants

DPP provides mini-grants to community-based, minority-serving organizations to address health care services needs. DPP has awarded 20 grants. Some of the topics grantees are addressing include teenage pregnancy, diabetes, maternal and child health, alcohol-related deaths, oral health and access to care.

Health Disparities Track

In April 2007, DPP co-sponsored the New Mexico Public Health Association's (NMPHA) Annual Conference. Through the grant, NMPHA included a health disparities track to increase awareness among policy makers, community health and public health providers and the public regarding the impact of health disparities on minority populations in New Mexico.

Legislative Advocacy

The 2007 Legislative Session required DOH staff to address implications of the proposed legislation with a consideration of health disparities. Results were sent to the Governor's Office, the Department of Finance and Administration and the Legislative Finance Committee. DPP staff was successful in adding a section on health disparities to the bill analysis template used by the department.

DPP was also actively involved in the passage of key legislation in 2007 that directly addressed health disparities for underserved communities. This legislation included:

- House Bill 721, enabling tribes to place representatives on Maternal and Child Health (MCH) Planning Councils. These councils serve to provide guidance and recommendations to DOH regarding maternal and child health services.
- Senate Bill 23, assisting medically underserved communities by providing tort coverage for certain health care providers. This legislation enables health professionals to provide critical health care services without the barriers of costly tort insurance, and it increases access to healthcare for rural and minority populations, and
- House Bill 638, establishing a Rural Health Care Practitioner Tax Credit, giving eligible health care practitioners a credit against the tax liability imposed by the Income Tax Act. This bill will help with the retention of rural health care providers and will increase access to healthcare for rural and minority populations.

Governor's Woman's Health Advisory Council

This Council was established in 2006 by Executive Order (2006-014). The Council's mission is to improve the overall health and well-being of women and girls in New Mexico by considering the individual woman's experiences, using a woman-centered approach and advocating for change in the health care system. In November 2007, the Women's Health Advisory Council was transferred to the NM Commission on the Status of Women. The Council's most recent set of recommendations may be accessed at: www.health.state.nm.us/DPP/.

American Indian Health Advisory Committee

In June 2006, DOH established the American Indian Health Advisory Committee to address health disparities among American Indians in New Mexico and to provide guidance regarding health disparities issues impacting tribal communities.

Health Disparities Advisory Committee

Established in 2005, the Health Disparities Advisory Committee (HDAC) serves as a link between the Department of Health and local, tribal and rural communities. HDAC offers advice and recommendations to the director of DPP regarding critical health disparity issues impacting minority populations. In addition to offering recommendations, the HDAC provides key feedback in the development of the Health Disparities Report Card, the Health Disparities Health Plan and New Mexico's Comprehensive Strategic Health Plan.

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Eliminating Health Disparities Statewide Initiatives

The Health Disparities Plan is the lead chapter in the State of New Mexico's 2006 Comprehensive Strategic Health Plan (CSHP) released on Aug. 31, 2006. The State of New Mexico's 2006 Comprehensive Health Plan is required by state law and is designed to be a roadmap, providing direction and guidance for medical practitioners, health planners, educators, elected officials, businesses and consumers of health care.

The Health Disparities Plan has five major goals:

- Reduce disparities in four priority health areas: pneumonia and influenza, teen pregnancy, diabetes and alcohol-related deaths;
- Mobilize local state and tribal governments to reduce health disparities,
- Expand access to and use of health care services by improving cultural competency

- throughout the health care system,
- Promote the use of standardized gender and racial and ethnic categories for reporting health and human service data and
 - Increase knowledge and awareness among policy makers and local governments regarding health disparities.

Through its inclusion in the Comprehensive Strategic Health Plan, the Health Disparities Plan emphasizes New Mexico's commitment to reduce health disparities beyond DOH to include all entities involved in health promotion and health care.

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Level of Funding Sources

(As of January 2008)

Year	Federal	State
FY 2005		\$390,000
FY 2006	\$146,484	\$684,000
FY 2007	\$159,212	\$706,000
FY 2008	\$159,212	\$706,000

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Resources

The Division of Policy Performance has a staff of 10, including one division director, one deputy director, one chief of CLAS Standards, three epidemiologists, one Native American liaison, one management analyst, one Spanish translator and one administrative assistant. The position of a state partnership grant coordinator (health educator) is vacant.

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Recent Publications

- 2007 Racial and Ethnic Health Disparities Report Card
- Governor's Women's Health Advisory Council Report

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Organizational Structure/History

New York State Public Health Law, Section 240 established the state Office of Minority Health in 1992, and it became operational in 1994. Organizationally, NY-OMH is situated in the Center for Community Health, within the New York State Department of Health (see organizational chart). The director of NY-OMH is a member of the Commissioner's executive team.

Purpose/Mission Statement

The mission of the New York Office of Minority Health (NY-OMH) is to improve the health of racial and ethnic minorities by bridging communication, delivery and service requirements, and by providing customized services and practical approaches to problems and issues encountered by organizations and communities working to address the needs of these populations. NY-OMH accomplishes this mission by:

- Integrating and coordinating selected state health care grant and loan programs established specifically for minority health care providers and residents, including development of a coordinated application for use by minority providers and others in seeking funds and/or technical assistance on pertinent minority health care programs and services,
 - Applying for grants to improve and enhance minority health care services and facilities,
 - Serving as liaison and advocate for the Department of Health on minority health matters in collaboration with the state's Minority Health Council,
 - Assisting medical schools and state agencies to develop comprehensive programs to increase the pool of minority health personnel by promoting minority clinical training and curriculum improvement,
 - Promoting community strategic planning or new or improved health care delivery systems and networks in minority areas and
 - reviewing the impact of programs, regulations and health care reimbursement policies on minority health services, delivery and access to care.

Advisory Boards

NY-OMH provides staff support to the State Minority Health Council. This 14-member advisory body was created by Chapter 757 of the laws of 1992 to consider any matter relating to the preservation and improvement of minority health. The council occasionally advises and submits recommendations to the commissioner relating to the preservation and improvement of minority health.

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Program Focus/Activities

Health Planning and Policy Development: NY-OMH promotes community strategic planning in minority areas, reviews the impact of programs, regulations and health care reimbursement policies on minority health services, delivery and access, prepares and analyzes minority health surveillance data, prepares and delivers testimony on minority health and health disparities in the state, and represents the Department and Commissioner of Health on minority health issues.

Technical Assistance and Training

NY-OMH conducts workshops with community-based organizations serving minorities on grant writing; program evaluation; cross-cultural communication; asset-based community development; and health disparities.

Health Initiatives/Programs/Services

NY-OMH assures implementation and delivery of programs and services as follows:

- The Mini Grant Program

This program seeks to increase the number of minority providers, municipalities and others with a demonstrated need for short-term (up to one year) funding (up to \$10,000) to implement and evaluate pertinent minority health disparities programs and services.

- Minority Men's Wellness and Screening Program

This initiative began April 1, 2007. This program targets minority men (Black, Hispanic, Asian, Native Hawaiian or Other Pacific Islander, and American Indian/Alaska Native) for two fundamental reasons. First, minority men often have measurable disparities in health status and access to quality health care. Existing data document their lack of social support and knowledge of everyday health habits and their disproportionate exposure to environmental stressors (Sabo, 2000¹; Rich and Ro, 2002²; Sobralske, 2006³). By contrast, there has been scant attention paid to minority men's concept of masculinity and manhood. Second, there are few holistic models of minority men's wellness. Men's health is often characterized in terms of specific disease processes (e.g., prostate cancer) that occur more frequently in men without an approach that focuses on the entire person. We contracted and are collaborating with the New York City Department of Health and Mental Hygiene, Office of Minority Health. They are developing an integrative model of men's wellness that is structured around a well-defined set of core issues that affect the health of men overall and minority men in particular. Year One program activities have been completed and the final report is pending as of this writing.

- Latino Health Outreach Program

This initiative also began April 1, 2007 and targets Latinos in New York State. Important indicators of population health vary among sub-groups of Mexican, Puerto Rican, Cuban and other Latino origin or cultural heritage (Lara, Gamboa, Kahramanian, Morales & Bautista, 2005⁴). Moreover, Latinos experience challenges accessing and utilizing the healthcare system due to language barriers, low rate of medical insurance coverage, low socioeconomic status and limited knowledge of health services (Chavez, Hubbell & Mishra, 1999⁵). Contracting with community-based organizations that provide services to Latinos in New York State, the goal of this program is to identify and document strategies proving successful in reaching across the language, cultural, and other divides that keep Latinos from being fully engaged in the health care system in New York State.

The Hispanic/Latino populations being served by the current contracted groups reside in the following target communities (Buffalo, Middletown, Port Chester and Amsterdam areas of New York State).

Year One activities have been completed. Final reports are currently under review as of this writing.

- Cancer Clinical Trials Initiative

This initiative, which ended on Aug. 31, 2007, was launched to examine the effectiveness of utilizing Lay Advocates/Recruitment Intervention Specialists in recruiting and enrolling racial and ethnic minorities with breast, colorectal or lung cancer into NIH-sponsored cancer clinical trials, and advancing knowledge regarding ways to address the disconnect between discovery, development and delivery of cancer care to racial and ethnic minorities documented in the literature. In addition, this project sought to enhance the target community's clinical trials knowledge-assets by ensuring that those trained are community residents. Among the conclusions in the final report submission was that Community-based Health Workers (CHWs) are effective at cancer outreach and education in minority

populations; in fact, outreach activity by CHWs may be a useful adjunct to traditional outreach and enrollment strategies for hard to reach populations.

- **Program Evaluation**

NY-OMH is funding an external evaluation firm, Philliber Research Associates, to implement and evaluate an Evaluation Capacity Building project that will parallel the lifecycle of the State-Community Minority Health Disparities Partnership. The purpose of this project is to assist community coalitions in the development and implementation of their program evaluation plans, provide training and targeted technical assistance in order to build/strengthen the capacity of each coalition to conduct its own program evaluation and implement a system of practice in which quality program evaluation and its appropriate uses are ongoing within the coalitions' operational structures. It is also expected that this project will result in building program evaluation assets within the communities being served by the coalitions. Measurable outcomes of this project will be in alignment with OMH long-range goals of maximizing organizational efficiencies of community-based organizations in order to reduce or eliminate identified health disparities in targeted communities.

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Impact of Program Activities on Communities

Although the implementation process to determine impact continues, i.e. the elimination of health disparities through community participatory approaches, program outcomes to date are categorized into levels of Spectrum of Prevention⁶, accomplishments of mini grants and additional resources leveraged.

Levels of Spectrum of Prevention - accomplishments include:

- *Strengthening Individual Knowledge and Skills* - increased knowledge, skills and attitudes of over 7,500 racial and ethnic minorities,
- *Promoting Community Education* - reached approximately 750,000 adults through community health screenings, health forums and classes, radio call-in programs, and newsletters. Facilitated health care access for over 400 undiagnosed diabetics, asthmatics and hypertensive's in 2006 and 2007,
- *Educating Providers* - increased knowledge, skills and attitudes of over 300 health providers,
- *Fostering partnerships and networks* - mobilized and engaged over 197 local institutions and 207 citizens' associations to address minority health in 2006 and 2007,
- *Changing Organizational Practices* - influenced organizational practices in restaurants, supermarkets, school districts and community health centers in 2006 and 2007 and
- *Influencing Policy* - influenced wellness and low-fat/fat-free milk policies in several school districts in 2006. Influenced legislation to increase by 1,500 the number of fresh fruit and vegetable carts in Harlem, Bedford Stuyvesant and the South Bronx.

Mini Grants

Accomplishments have included curriculum development, installation of child-size salad bars in after-school programs, creation of a lifestyle education library for Hispanic populations, development of walking clubs/programs, peer counselor program and weight loss programs, hospital open house/orientation sessions for Hispanic families and Worksite Wellness. Additional accomplishments have included training barbers and beauticians as natural leaders in communities, regarding Diabetes and CVD effects on African American/Black and Hispanic/Latino populations, utilizing a model home as a teaching mechanism to identify asthma triggers in the home; developing an innovative, interactive asthma kiosk to identify management plans for utilization by primary caregivers and Emergency Department physicians, and collaborating with faith-based organizations on improving healthy lifestyles and diabetes management - education sessions and health cooking demonstrations.

Additional Resources Leveraged includes more than \$2 million from other sources.

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Eliminating Health Disparities Statewide Initiatives

In 2000, NY-OMH initiated the State-Community Minority Health Disparities Partnership-distinguished by its minority health disparities focus and emphasis on community-based participatory approaches to ensure that racial and ethnic minorities with or at risk for diabetes, cardiovascular disease and stroke and cancer are aware of and receive appropriate health care services in targeted communities and explore and understand how community coalitions contribute to the improvement of health outcomes for targeted racial and ethnic minorities, and ultimately to the achievement of the

Healthy People 2010 goal of eliminating health disparities.

Given the depth and complexity of health disparities, NY-OMH initiated collaborative partnerships with community coalitions knowing that finding community solutions to reduce/eliminate health disparities is a long-term undertaking (at least 10 years from start to finish), involving diverse groups of stakeholders. It is the proactive participation of implementing organizations and their diverse stakeholders that make programs work and it is the causal potential of initiatives that provide the reasons and resources to enable participants to change.

The partnership, now in its third cohort of community coalitions, is building on the infrastructure and lessons learned from the two previous cohorts. With funding through March 2011, we expect that these coalitions will mature in ways that fulfill their promise as community-based initiatives to reduce/eliminate health disparities.

The populations being served by the current community coalition cohorts are racial and ethnic minorities, including Hispanics/Latinos, African Americans, Asians and Native Americans who are living in target communities (Ossining and Port Chester in Westchester County, Sunset Park in Kings County, South Bronx in Bronx County, Northern Manhattan in New York County and Central New York in Onondaga County). Services and programs provided by the coalitions are organized under the Spectrum of Prevention¹, a tool that enables coalitions to focus on educational approaches and to address broader environmental and systems-level issues. The Spectrum is made up of six interconnected levels of interventions-strengthening individual knowledge and skills, promoting community education, educating providers, fostering community networks and coalitions, changing organizational practices and influencing policy legislation. The goal is to bring about long-lasting change by targeting all levels and having them work in tandem to reduce disparities.

The Commissioner of Health has laid out a vision for improving minority health and eliminating health disparities in New York State. NY-OMH is currently working with key stakeholders in the state to develop an action agenda for realizing this vision.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005	\$148,750	\$602,000	\$0
FY 2006	\$150,000	\$742,000	\$0
FY 2007	\$164,000	\$742,000	\$0
FY 2008	\$164,000	\$742,000	\$0

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Resources

NY-OMH has six FTEs including the director, two regional program managers, grants manager, health program administrator, and administrative aide. Each semester NY-OMH funds two student interns from the State University of New York at Albany School of Public Health to implement specific projects relating to minority health disparities.

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Recent Publications

New York State Minority Health Surveillance Report - September 2007

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Prepared by National Association of State Offices of Minority Health (NASOMH)

¹ Sabo, D. (2000). Men's health studies: Origins and trends. *Journal of American College Health*, 49, 133-142.

² Rich, J.A., and Ro, M. (2002). A poor man's plight: Uncovering the disparity in men's health. Prepared for W.K. Kellogg Foundation.

³ Sobralske, M. (2006). Community-based strategies to improve the health of Mexican American men. *International Journal of Men's Health*, 5(2), 153-171.

⁴ Lara, M., Gamboa, C., Kahramanian, M.I., Morales, L.S., & Bautista, D.E.H. (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. *Annu. Rev. Public Health*, 26, 367-97.

⁵ Chavez, L. R., Hubbell, F. A., & Mishra, S. I. (1999). Ethnography and breast cancer control among Latinas and Anglo women in

southern California. In R. A. Hahn (Ed.), *Anthropology in public health* (pp. 117-141). New York: Oxford University Press.

⁶ Cohen L, Swift S. (1999). The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*, 5, 203-207.

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to End Health Disparities

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 <p>The Office of Minority Health (OMH) is a key component of the U.S. Department of Health and Human Services (DHHS). It was established in 1992 to address health disparities faced by racial and ethnic minorities and other underserved populations. OMHHD (Office of Minority Health and Health Disparities) is part of OMH and focuses on capacity-building services, including training, leadership development, resource development, financial assistance, infrastructure development, consultation, and technical assistance.</p>				
<h2>North Carolina</h2> <h3>Organizational Structure/History</h3> <p>In 1992, the North Carolina General Assembly established the Office of Minority Health, and the Minority Health Advisory Council (MHAC). MHAC advises the Governor and the Secretary of the Department of Health and Human Services (DHHS) on minority health issues. This 15-member Council consists of state legislators, community leaders and health/human service professionals. The Office of Minority Health and Health Disparities (OMHHD) reports to the Assistant Secretary for Health, NC DHHS.</p> <h3>Purpose/Mission Statement</h3> <p>The mission of OMHHD and MHAC is "to promote and advocate for the elimination of health disparities of all racial and ethnic minorities and other underserved populations in North Carolina."</p> <h3>Program Focus/Activities</h3> <p>The focus of OMHHD and MHAC is to reduce health disparities. OMHHD engages faith-based organizations, local non-profits, American Indian Tribes and other organizations. To equip these agencies, OMHHD provides a range of capacity-building services, including training, leadership and skills' development, resource development, financial assistance, infrastructure development, consultation and technical assistance.</p> <p>OMHHD's five focus areas are:</p> <ul style="list-style-type: none"> • Research and Data, • Culture and Language, • Policy and Legislation, • Communications and • Partnership Development. <h3>Health Planning and Policy Development— Legislation/Policy</h3> <p>The Minority Health Advisory Council (MHAC) has been very deliberate in building its capacity to achieve a proactive legislative agenda, advocating for racial/ethnic and underserved populations and seeking expansion funding each year. Successful funding initiatives include:</p> <ul style="list-style-type: none"> • The 2005 General Assembly appropriated \$2,000,000 to establish the Community Focused Eliminating Health Disparities Initiative. • The 2005 General Assembly appropriated \$250,000 to fund interpreter positions in local health departments in order to meet the language access requirements of Title VI of the 1964 Civil Rights Act. 				

Hispanic Health Task Force - Twenty-eight Hispanic/Latino leaders from the public and private sector work collaboratively to address health and human services needs of the Hispanic/Latino population in North Carolina.

American Indian Health Task Force - The American Indian Health Task Force is a partnership created by the DHHS Secretary, OMHHD and the NC Commission of Indian Affairs that addresses American Indian health issues in North Carolina. It is a 21-member task force, consisting of Tribal appointed representatives and 4 DHHS representatives.

Training and Technical Assistance

Cultural Diversity Training Initiative - In order to build culturally competent state and local health and human service systems, OMHHD conducts the following: Basic Foundational Training, Hispanic/Latino Culture Training, African American Culture Training, and Interpreter Services Training.

Training and Technical Assistance is provided to a statewide network of partners via conferences, training sessions and site visits.

Health Initiatives/Programs/Services

Infrastructure development and capacity building within community- and faith-based organizations, local health departments, American Indian Tribes and state agencies are critical to eliminating health disparities.

Community Focused Eliminating Health Disparities Initiative

OMHHD provides grants to community- and faith based-organizations, local health departments and American Indian Tribes to address health disparities in HIV/AIDS, infant mortality, homicide, motor vehicle deaths, diabetes and cancer.

CFEHDI Expansion Components

- The Federal Office of Minority Health has expanded this initiative through its State Partnership Grant Program, consultation and technical assistance. Federal and state funds support planning and capacity-building grants.
- The NC DHHS Cancer Care and Prevention Branch provided additional funding to 15 selected projects to expand efforts targeted to the prevention of colorectal and prostate cancer, as well as to increase cancer screenings and referral for appropriate care.
- The University of North Carolina at Greensboro's School of Nursing Research Office partnered with OMHHD to increase the quality and quantity of prevention and risk avoidance research, training and outreach efforts to eliminate health disparities in 12 counties for African-Americans, Hispanics and low-income children and adults.
- Community Health Ambassadors are community leaders who voluntarily serve to bridge the gap between the community and identified health concerns and build individual capacity within each community. The program consists of a 20-hour course that is approved for 2.0 CEUs through the NC Community College System.

Regional Eliminating Health Disparities Diabetes Demonstration Project - OMHHD partners with the NC Office of Rural Health Development, Old North State Medical Society and Diabetes Care Management Collaborative to implement a state-of-the-art diabetes care management services for African-American Medicaid beneficiaries in three communities in North Carolina. This project is funded by Bristol Meyers Squibb Pharmaceuticals.

The North Carolina Commission on Volunteerism and Community Service AmeriCorps Grant - OMHHD received an implementation grant from the NC Commission on Volunteerism and Community Service to address health disparity issues. Twenty-one AmeriCorps members were trained and placed in local community- and faith-based organizations and health clinics.

Medicare Part D Enrollment Outreach Initiative - OMHHD partnered with AARP's NC Chapter, Access to Benefits Coalition (ABC), and the NC Department of Insurance's Senior Health Insurance Information Plan (SHIIP). This was a national initiative, "My Medicare Matters," to implement a statewide Medicare Part D education and enrollment effort to increase the enrollment of eligible African Americans. Community leaders were trained and hired as outreach workers to assist with this project.

Carolina Community Network and UNC Project EXPORT - The Carolina Community Network,

University of NC at Chapel Hill Project EXPORT, Carolina Shaw Partnership and OMHHD partnered to reduce breast, prostate and colorectal cancers in adult African Americans. OMHHD trained church members to be Community Health Advocates/Ambassadors.

Northeastern North Carolina Partnership for Public Health - OMHHD works with The Northeastern North Carolina Partnership for Public Health. This is a collaborative network of 11 local health departments, covering 19 counties. OMHHD provides leadership and guidance. The partnership has identified eliminating health disparities as a priority.

The National Latino Council on Alcohol and Tobacco Prevention Project - The National Latino Council on Alcohol and Tobacco Prevention (NLCAT) awarded a grant to OMHHD's Hispanic Health Task Force to assess the extent of alcohol use, abuse and unintended worksite injuries in Hispanic/Latino communities in North Carolina.

Hmong Community Project - OMHHD works with the United Hmong Association providing training, technical assistance and leadership and resource development to address the health concerns of the more than 15,000 Hmong living in North Carolina.

Old North State Medical Society/DHHS/Pandemic Flu Outreach Program – OMHHD/DHHS Office of Public Health Preparedness and Response and the Old North State Medical Society are working collaboratively to outline a plan to improve outreach to racial and ethnic minority and disabled populations in the event of a pandemic flu outbreak or natural disaster.

NC DHHS EHD Statewide Initiative - At the state level, OMHHD provides leadership and guidance in implementing an integrated, comprehensive and coordinated approach to identify and reduce disparities in services, access and health. The Department's plan, "From Disparity to Parity in Health: Eliminating Health Disparities Call to Action," guides the work of 14 divisions and offices. Each division's action plan is tailored to its specific services.

Evaluation strategies include biannual progress reports and an annual progress review with DHHS Secretary.

Impact of Program Activities on Communities/Program Evaluation

Report Card- The Racial and Ethnic Health Disparities in North Carolina Report Card is used to grade and monitor the state's progress toward eliminating health status gaps between racial and ethnic minorities and the Caucasian population for 37 health indicators.

CFEHDI Sample- OMHHD distributed funding to 61 grantees through the Community Focused Eliminating Health Disparities Initiative 2005-2006.

Health Screenings- Health screenings were provided as part of this grant by 23 sites. Of these 23 sites, 22 (96 percent) reported an increase in the number of screenings as a result of activities undertaken through grant funds. Twenty-two sites (96 percent) also reported that these screenings and services would not have been available to the population if not for the grant activities.

Case Management- Additionally, 16 sites (70 percent) provided case management following the screening events, assisting clients in obtaining follow-up care.

Elimination of Barriers - Efforts to eliminate barriers included but were not limited to:

- Creating community resource guides. Number of people assisted with this effort: 3,931.
- Creating linkages to community resources. Number of people assisted with this effort: 4,107.
- Providing language assistance/interpretation. Number of people assisted with this effort: 2,244.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005	\$318,842	\$424,261	\$659,831
FY 2006	\$576,242	\$2,241,584	\$285,397
FY 2007	\$375,721	\$2,561,918	\$744,630

FY 2008	\$375,721	\$2,561,918	\$744,630
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Funding from the Maternal and Child Health Block Grant, state appropriations, National Office of Minority Health and private grants supports the Office. NC OMHHD has 13 full-time positions (director, deputy director, office manager, receptionist, office assistant, five public health program coordinators, epidemiologist, research associate and training coordinator) and four temporary positions.

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Recent Publications

The following reports are located on the OMHHD Web site: www.ncminorityhealth.org

- [The Racial and Ethnic Health Disparities Report Card, Update 2006](#)
- [North Carolina Minority Health Facts:](#)
 - [Hispanics/Latinos Update 2006](#)
 - [American Indian Update 2005](#)
 - [African American Update 2005](#)

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QUALITY HEALTH CARE FOR AMERICA

North Dakota

Organizational Structure/History

In 2002, the governor declared health to be one of the pillars of his plan for North Dakota. This declaration helped create groups to address health disparities.

A Disparities Work Group (DWG) was formed within the North Dakota Department of Health (NDDoH). Its mission was to "Provide leadership to raise the awareness of and to eliminate health disparities affecting North Dakota citizens." The vision statement was simply, "Health equity for all North Dakotans." For the definition of health disparities, the group agreed on a comprehensive statement that allows the inclusion of additional groups as they are identified.

"Health disparities in North Dakota are defined as inequalities in health status, utilization, or access due to structural, financial, personal, or cultural barriers. Population categories affected include, but are not limited to, those identified by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation."

Another effort that grew from the governor's interest in health was Healthy North Dakota (HND), which is a framework for individuals and organizations to support North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention. An HND Health Disparities Committee (HDC) was formed to coordinate efforts addressing health disparities in North Dakota. This Committee was originally co-chaired by Dr. John Baird, Field State Medical Officer, and Dr. Leander "Russ" McDonald, University of North Dakota. Staff member Sherri Paxon, from NDDoH and a member of the DWG, served as the liaison between this committee and the state health department. Committee members represented many organizations, agencies, programs, and disparate groups from across North Dakota. NDDoH DWG members also participated in the HDC. In 2004, the NDDoH DWG was determined not to be a duplicative effort, so the group was officially absorbed into the HDC.

The HDC completed a Logic Model in May 2005, which maps the desired progress of addressing health disparities in North Dakota for seven to 10 years. A key objective in the logic model was to develop an office in the state department of health to concentrate on health equity issues. With this directive from the Committee, in 2006 an infrastructure building grant was obtained from the federal Office of Minority Health (OMH) to explore the feasibility of a state-level office addressing health disparity issues. Along with exploring an office targeting health disparities, the grant required the development of a basic state plan. Utilizing the Logic Model, along with NDDoH programmatic strategic plan sections on health disparities, a basic strategic plan was drafted.

The year 2006 was a year of change and growth for the HDC. At this time, Dr. McDonald stepped

North Dakota

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back from active participation in the group, due to employment and responsibility changes. Sherri Paxon and Dr. John Baird were named co-facilitators of the infrastructure building grant, were charged with leading efforts to establish an NDDoH health disparities office, and wrote the application for the "State Partnership Grant Program to Improve Minority Health" cooperative agreement from OMH. The HDC stayed true to the value of remaining an inclusive organization by expanding the definition of health disparities to include age and gender identity. The new definition is: "Health disparities in North Dakota are defined as inequalities in health status, utilization, or access due to structural, financial, personal, or cultural barriers. Population categories affected include, but are not limited to, those identified by gender or gender identity, age, race or ethnicity, education or income, disability, geographic location, or sexual orientation."

In 2007, the North Dakota Legislature approved 1.5 FTEs and spending authority for an Office for the Elimination of Health Disparities (OEHD). Dr. Terry Dwelle, NDDoH State Health Officer, authorized the creation of the office, beginning July 2, 2007. Dr. John Baird was designated Section Chief for the newly created Special Populations Section, which houses the OEHD and Children's Special Health Services (CSHS). Sherri Paxon, director of the Division of Chronic Disease, was named interim director for the OEHD. In May 2008, Phyllis Howard stepped in as the Director for OEHD.

In August 2007, the NDDoH received a Notice of Award for the "State Partnership Grant Program to Improve Minority Health" cooperative agreement, which began Sept. 1, 2007. The search for a permanent OEHD director and administrative assistant should be completed in the spring of 2008. In December 2007, the HND HDC voted to change the name of the group to the Office for the Elimination of Health Disparities Work Group to better reflect current status and market the newly formed office. The OEHD Work Group remains a part of the Healthy North Dakota initiative.

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Program Focus/Activities

North Dakota's population includes 5 percent American Indians (AI), who are the largest known disparate population in North Dakota. Initial emphasis on this population was the focus of the HND Disparities Committee (now known as the OEHD Work Group). Early initiatives targeted American Indian health disparities. The North Dakota Indian Affairs Commission and the North Dakota Department of Human Services Tribal Liaison participate in the OEHD Work Group and there are several AI members on the Work Group representing North Dakota tribes.

The Hispanic/Latino population in North Dakota makes up 1.2 percent of the total. During the summer growing and harvesting season, the eastern part of the state receives an influx of migrant workers, mainly of Hispanic/Latino ethnicity. The Asian population in North Dakota is very small, 0.6 percent; Native Hawaiians and other Pacific Islanders make up less than 0.5 percent. In North Dakota, African Americans make up only 0.6 percent of the population. In recent years, North Dakota has received around 500 refugee and 600 immigrant settlers annually. Cass County has one of the highest per capita ratios of resettled refugees in the country with approximately 20 different cultures represented. Language barriers are a significant issue in accessing health care. The largest groups of refugees are primarily Bosnian, Somali, Sudanese, and Kurdish. Another population targeted by the OEHD Work Group is North Dakotans over 65 years of age. An initial partnership has been established with the Aging Services Division with representation on the OEHD Work Group.

Prior to specific funding for minority health in the NDDoH, several active teams and initiatives began that continue to make progress:

- *Data Workgroup* gathered information for a racial and ethnic disparities burden section for the cooperative agreement application. The intent is to expand this document into an overview of the burden of health disparities in North Dakota.
- *Strategy Workgroup* developed an invitational packet to facilitate outreach to North Dakota reservations. This resulted in additional American Indian members participating on the OEHD Work Group and spawned the "Portraits of Health in North Dakota Indian Country Project."
- *Portraits of Health in North Dakota Indian Country Project* is a collection of photographs and stories relating health experiences of North Dakota American Indians. This collection is being shown throughout the state and was entered into the Congressional Record for the United States Senate during testimony on American Indian health issues. The display will be shown on two reservations and focus groups will be conducted to further capture the health needs of North Dakota's American Indians.

- *Tribal State Public Health System Assessment* was performed on the reservations and prompted one tribe to explore developing a primary preventive care model and comprehensive health board. The Wilson Health Planning Collaborative was recently awarded an \$85,000 Rural Health Network Planning Grant to develop a comprehensive and integrated health system plan for an eight-county region in North Dakota that includes the Fort Berthold Reservation. Funding has been secured to build a brand new, state-of-the-art health care facility to serve native and non-native members of an expanded 11-county area.
- *American Indian Community Health Representatives* have met with a work group exploring ways to increase reimbursement for the valuable work they do on reservations. Meetings continue with the North Dakota Human Services Department and the Medicaid Division to brainstorm potential reimbursement possibilities.

Impact of Program Activities on Communities

Though cumulative efforts addressing health disparities are in the early stages in North Dakota, the impact is noteworthy. In a relatively short period of time, a small group of NDDoH staff concerned about health equity issues has grown into a formal, minimally-funded OEHD. The advantage to North Dakota communities and disparate populations lies in the fact there is now a centralized repository to document needs and to coordinate initiatives. Efforts toward increased reimbursement, recording and personalizing health disparities and advancements in comprehensive health care in various American Indian communities all impact native health and are an encouragement for additional initiatives. As NDDoH programs and statewide organizations continue to expand collaborations, there is opportunity for increasing impact on North Dakota communities through increasing health equity and reducing health disparities.

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Level of Funding Sources

Year	Federal	State
FY 2006	\$75,000	\$0
FY 2007	\$125,000	\$0

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Resources

In 2006, funding from the OMH Infrastructure Building Project, assisted in developing a basic state plan for addressing health disparities, for enlarging partnerships and collaborations, and for setting the stage to establish the North Dakota Office for the Elimination of Health Disparities. The award of a three-year cooperative agreement from OMH allows OEHD staffing as well as the opportunity to continue current efforts to reduce health disparities in North Dakota. A number of NDDoH programs devote resources for minority health issues; thus, the Office for the Elimination of Health Disparities and Work Group will capitalize on these pooled and in-kind contributions, while functioning as lead agency and clearinghouse for activities.

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NATIONAL PARTNERSHIP FOR ACTION
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<h2>Oklahoma</h2>								
<h3>Organizational Structure/History</h3> <p>The Oklahoma Office of Minority Health (OK-OMH) was established in 1994 by authority of the Oklahoma State Board of Health. The OK-OMH was created to address the disproportionately poor health of Oklahoma's racial and ethnic minority population, as identified in various state and federal reports. The OK-OMH was originally placed within the Office of the Commissioner of the Oklahoma State Department of Health (OSDH). However, as a result of reorganization, the OK-OMH is now part of the Office of Community Health, OSDH.</p>								
<h3>Purpose/Mission Statement</h3> <p>To lead Oklahoma in improving the health status of Oklahoma's minority and underserved populations by partnering, developing policies and implementing strategies to reduce and ultimately eliminate health disparities.</p>								
<p>This mission statement is reflective of OSDH's vision of creating a healthier Oklahoma through partnership and shared leadership. This mission statement was developed with the assistance of the newly formed Minority Health Advisory Panel. The Minority Health Advisory Panel was created by the Commissioner of Health to better focus agency resources and policy toward assisting Oklahoma's minority and underserved populations. The OK-OMH mission statement emphasizes the assessment of the health status of minority and underserved populations at the state and local levels that were identified by the 2003-2006 Legislative Task Force on the Elimination of Health Disparities in Oklahoma.</p>								
<p style="text-align: right;">go to top</p> <h3>Program Focus/Activities</h3> <p>The OK-OMH focuses on health concerns and issues evident by the disproportionate number of preventable deaths, diseases and disabilities in minority and underserved populations. The core of these concerns highlights OK-OMH's goal to eliminate health disparities among Oklahoma's minority and underserved populations. OK-OMH generally concentrates on seven major health disparity areas including cancer, diabetes, cardiovascular disease, HIV/STDs, infant mortality, immunization and tobacco prevention. Typically, the OK-OMH does not operate programs; instead, it supports OSDH programs, services or policy through technical assistance or in an advisory capacity. For example, coordination is accomplished through partnership with various OSDH programs that provide services that either target or impact racial and ethnic minority populations, e.g., Chronic Disease, Office of Primary Care, Office of Community Development, Health Care Information, Immunizations, Child and Adolescent Health, HIV/STD, Tobacco Use Prevention and others.</p> <p>Specific OK-OMH activities related to these areas include:</p> <ul style="list-style-type: none"> • Providing translation and interpreter services for agency employees and OSDH clients, 								

- Participating in an internal Minority Advisory Panel to address health disparities issues,
- Assisting in the development of cultural competency policy and limited English proficiency compliance as required through federal CLAS (Culturally and Linguistically Appropriate Services), Standards
- Providing technical and administrative support, via contract, to community organizations that provide violence prevention services to disadvantaged and minority youth. [The agency requires that the programs meet reporting and financial compliance guidelines as part of an evaluation process] and
- Providing conference support, when available, to sister OSDH divisions involving health disparities and health/wellness initiatives.

Currently there is no identified method of evaluating the overall minority health activities. However, individual program evaluation components (i.e., surveys) are utilized periodically. Other evaluation methods may be possibilities in the near future.

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Eliminating Health Disparities Statewide Initiatives

The OK-OMH provided support to the Oklahoma Legislative Health Disparities Task Force (2003–2006) through staffing and the development of a 2006 final report with recommendations highlighting health access, cultural competency and data. In 2007, Oklahoma's Governor issued an Executive Order to establish a Governor's Task Force on Health Disparities from 2007-2009 to address unresolved health disparity issues (i.e., integrated data systems) and to build on recommendations developed from the previous Legislative Task Force. In addition, the OK-OMH participates in local and national minority health disparity initiatives through its collaboration with local community organizations and with the federal government (Region VI, U.S. Public Health Service, and Office of Minority Health). For example, the OK-OMH was recently awarded a three-year National Partnership grant from the federal Office of Minority Health (OMH) to address health disparities in the state. The Oklahoma project proposes to implement health councils in four targeted communities across the state to address local health needs for minority and underserved populations. The project also proposes to fund an FTE to provide data support to the OK-OMH, the Task Force and the OSDH. The project also intends to develop recommendations to diversify the OSDH workforce to better reflect its clients and staff. Other specific OK-OMH activities include:

- Allying with Oklahoma Tribal nations to address health disparity concerns,
- Allying with local community groups to address the uninsured population through strategic planning and general resource support if available,
- Assisting health coalitions and local community groups in the allocation of available health resources, including the flu vaccine and
- Providing technical assistance to local organizations, including local universities, in the development of grant applications with a health disparities focus.

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Level of Funding Sources

Year	Federal	State	Total
FY 2005	0	\$258,904	\$258,904
FY 2006	0	\$266,354	\$266,354
FY 2007	0	\$287,472	\$287,472
FY 2008	\$124,508	\$292,789	\$417,297

The OK-OMH is generally funded through state appropriations, but periodically solicits and/or receives funding from outside sources. If unable to apply for outside funding opportunities, the OK-OMH forwards these funding opportunities to eligible community partners for application.

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Resources

The OK-OMH is staffed by a service chief, program specialist and two medical interpreters/translators, one of which works part time. The position for an administrative assistant is currently vacant. Periodically, the OK-OMH receives intern support from various local universities, including Langston University, University of Central Oklahoma and Oklahoma University. These interns, through a contractual arrangement, provide support related to the daily operations of the office. They are also offered opportunities to collaborate with sister OSDH divisions and county offices, if applicable. Other volunteer support may be accessed through partnerships with local

community groups (i.e., Asian Health Consortium).

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Recent Publications

- 2006 Final Report Health Disparities Task Force
Final Report (PDF, 418KB) 
- OSDH Guide to Oklahoma Resources for Healthier Communities 2006 Edition –Serves as a guide of health resources available to OSDH employees and the general public to assist in identifying available health resources for the all populations, including minority and underserved (i.e., priority) populations. Publication provided through assistance by the Oklahoma Foundation for Medical Quality. An updated document may be planned in the near future if resources become available.

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<p>Ohio</p> <h3>Organizational Structure/History</h3> <p>On Dec. 17, 1985, Executive Order 85-69 was signed, creating the Governor's Task Force on Black and Minority Health. The Task Force was created to:</p> <ul style="list-style-type: none"> • Examine conditions under which gaps in the health and health care services for Black and minority communities exist and recommend methods by which the gaps may be closed; • Design methods for disseminating health information and education materials especially designed for the minority community; • Develop models to improve access and utilization of public health services; and • Develop strategies to improve the availability and accessibility of health professionals to minority communities. <p>The work of the Task Force included deliberations at eight public hearings conducted in communities statewide. These hearings attracted more than 2,000 people who identified problems and proposed solutions relative to health issues and systems in the State. The hearings constituted the basis for the Final Report issued by the Task Force on April 4, 1987. The final recommendation of the report was to create an autonomous state agency to address issues of minority health. In July 1987, Am. Sub. H.B. 171 created the Ohio Commission on Minority Health.</p> <p>The commission employs nine full time staff members that serve at the pleasure of the Board. The 18-member board consists of: two members from the Ohio House of Representatives (one from each party) appointed by the Speaker of the House; two members of the Senate (one from each party) appointed by the president of the Senate; the directors of the Ohio Departments of Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, the superintendent of Public Instruction and nine community members appointed by the governor to serve two-year terms.</p> <p>The Ohio Commission on Minority Health is structured as an autonomous organization because factors contributing to the disparity in health status crosscut all state departments.</p>				
<p>go to top</p> <h3>Purpose/Mission Statement</h3> <p>The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, policy and systems change. The commission has established guiding principles to govern its work:</p>				

- We involve and empower the community.
- Our work is based on the documented needs and interests of the community.
- We are culturally competent practitioners who are informed about minority health.
- We are expected to demonstrate personal and professional integrity.
- We prove to be accountable, reliable and guided by ethical standards.
- We make fair and equitable decisions.
- We value the formation of strategic partnerships.
- We establish performance targets and assess performance regularly.
- We promote excellence and innovation.

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Program Activities

Evaluation, Infrastructure Capacity Building Development

The Commission is launching and extending several initiatives aimed at addressing and/or expanding infrastructure development in State Fiscal Years 2008-2009. Included in these initiatives are the Research Evaluation Enhancement Project (REEP); establishing Local Offices of Minority Health (LOMH); the Minority Health Institute of Ohio ; a statewide HIV resource center; statewide racial/ethnic coalitions and launching a grants initiative for cardiometabolic syndrome.

REEP is the subsequent incarnation of the African American, Latino, Appalachian, Asian American, Amish, Native American Community Health Research Partnership (AALAANA) project, begun in 1995 to identify culturally competent researchers and evaluators throughout the state.

REEP was created to:

- Develop (in conjunction with community-based organizations, agencies and academics) a statewide ethnic/cultural health research agenda and
- Be the parallel generation of a culturally appropriate evaluation system to assess outcomes of Commission-funded health promotion, disease prevention and health education projects addressing the needs of African Americans, Asian Americans, Latinos/Hispanics and Native Americans.

A statewide panel of evaluators, selected through a request-for-proposals process utilizes a standardized system of evaluation for projects. Approved evaluators for Commission projects are assigned an evaluation partner from the REEP panel.

The Commission is creating community-level infrastructure to develop, support and maintain local minority health work by creating Local Offices of Minority Health. Six-month planning grants provided to mobilize communities and plan activities consistent with the core competencies for service developed by the National Association of State Offices of Minority Health. Three offices will be funded in fiscal year 2008 with the other four funded in fiscal year 2009. The Commission has made a five-year commitment to this initiative. Offices will be established in Columbus , Cleveland , Cincinnati , Dayton , Toledo , Youngstown and Akron .

The Ohio Minority Health Institute has been housed at Central State University since inception. The Institute, funded by the Commission, is a national training and technical assistance center that focuses on enhancing the operational effectiveness and capacity building for minority community based health organizations.

Payne Theological Seminary in Wilberforce, Ohio, the only minority school of theology in the state, is developing an HIV resource center specifically for minority community-based agencies, organizations and faith-based entities.

The Commission provided funds to develop and maintain programming for statewide health coalitions in the Hispanic/Latino, Asian and Native American communities. These coalitions ensure a voice for these communities, sponsor events to further improvement in health status, provide information, education and training specific to each community's needs.

In fiscal year 2009 the commission will refocus its energies to awarding cardiometabolic syndrome grants. In fiscal year 2008, capacity building efforts are being provided for this initiative in statewide and in local forums. With The Ohio State University, the Commission is co-sponsoring an

international health summit in December 2007. In addition to a three-day scientific symposium, researchers from throughout the world will participate in a day-long, community-focused conference.

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Internal Grants Program

The commission awards grants to community-based entities. Applications that are considered non traditional by "the system" in addressing the need(s) of specific minority citizens are given high priority. It is the goal of these grants to demonstrate successful behavior changes for those served by the project. Successful program models are then institutionalized with funding from other public and/or private sources. The commission funds three types of grants from the state's General Revenue Fund: Demonstration Projects, Minority Health Month and Systemic Lupus Erythematosus (SLE).

Demonstration Grants

Created in 1987, projects are funded for up \$200,000 per agency for 24 months. These projects focus on health promotion and disease prevention activities related to cardiovascular disease, cancer, diabetes, infant mortality, substance abuse and/or violence.

Minority Health Month Grants

Created in Ohio in 1989, Minority Health Month (MHM) is a 30-day wellness campaign conducted statewide in April of each year. Funded through mini-grants of \$2,000 per agency, the month has grown from 87 activities in 1989 to hundreds of events. Any city with more than three agencies funded for the month may apply for additional funds to conduct local kickoff activities.

Systemic Lupus Erythematosus Grants

Transferred to the commission by the General Assembly in 1995, these grants provide information, education and support services to all Ohioans without regard to socioeconomic status. Grants are funded for up to \$14,000 per agency. Lupus Awareness Month is celebrated statewide in October of each year and a statewide capacity building conference is held each biennium.

Tobacco Master Settlement Agreement Health Priorities Trust Fund Grants

Distributed to five cost centers, the Substitute Senate Bill 192 stipulates that no less than 25 percent of the annual appropriation from this fund must be used for minority health. This additional appropriation for minority health has been disbursed to the Commission on Minority Health, the Ohio Department of Health, the Department of Alcohol and Drug Addiction Services and the Department of Safety. The Health Priorities Trust Fund allows the Commission to fund grants for:

- Comprehensive asthma awareness and education;
- Academic, scientific and community partnerships, allow for applied research efforts specific to Ohio targeting cancers, diabetes, cardiovascular disease, infant mortality, violence and/ or substance abuse;
- The Ohio Minority Health Institute; and
- REEP.

In fiscal year 2008 the Governor proposes to securitize Tobacco Settlement Funds. If this occurs, Commission grant funds will be moved to the State Budget.

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External Programs

State Partnership Grant for Diabetes

The Commission is the recipient of a State Partnership grant from the HHS Office of Minority Health. Partners for this grant include: The Ohio State University Department of Endocrinology; Santa Maria Community Services, Cincinnati , Community Health Advocates Project (CHAP) Mansfield , the Ohio Department of Health and the Independent Diabetes Association of Ohio. Through subgrantee agreements the project has capitalized on the experiences of indigenous leaders' models by developing training materials for African-American and Hispanic/Latino communities. The project is piloting strategies to increase the number of under represented minority Certified Diabetes Educators (CDE) in the state while providing cross-cultural training for current CDEs.

Minority AIDS Initiative (MAI)

Under a contractual agreement with the Ohio Department of Health, the Commission implemented the Ryan White MAI project. Two sites, Urban Minority Alcohol and Drug Outreach Project of Cincinnati and the Tobias Project, Columbus, enroll HI- positive African Americans in the Ohio Drug Assistance Program.

Chronic Disease and Tobacco Grants

Through a contract with the Tobacco Use Prevention Foundation, the Commission piloted a project with minority community based projects to include tobacco information in chronic disease services. Projects included the Ohio Sickle Cell and Health Association, Rural Opportunities, Inc., targeting migrant workers, the Elyria lupus support group and a Lorain faith-based initiative.

Eliminating Health Disparities Statewide Initiative

Upon assuming office in January 2007 Governor Ted Strickland reaffirmed his commitment to implement *Turnaround Ohio*. Included in this initiative is Healthy Ohio, designed to enhance prevention, address health disparities, improve care for vulnerable individuals, and measure progress and outcomes.

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Level of Funding Sources

Year	Federal	State	Private
SFY 2007	\$298,750	\$2,436,410	\$150,000
SFY 2008	\$457,486	\$2,571,285	\$150,000
SFY 2009	\$320,297	\$2,600,831	\$150,000

Note: Additional information for this report can be accessed at the Ohio Commission on Minority Health's Web site at <http://www.mih.ohio.gov>.

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Resources

The Ohio Commission on Minority Health is staffed by nine full-time employees. Their titles and duties are:

Executive Director: Responsible for all administrative responsibilities of the agency and serves at the pleasure of an 18 member board.

Associate Director: Serves as the operations officer for the Commission.

Fiscal Manager: Responsible for the fiscal operations of the commission, including: developing and forecasting budgets and processesing disbursements, etc.

Program Manager : Oversight of Commission grants programs.

Special Projects Coordinator: Primary contact person for service delivery aspects of external grants and contracts. Responsible for conducting two administrative compliance visits with projects, provides technical assistance and community development.

Program Specialist Primary contact person for service delivery aspects of internal grants. Conducts two administrative compliance visits with projects, provides technical assistance to projects and community development for community based agencies/organizations.

Fiscal Specialist : Responsible for fiscal aspects of internal/external grants/contracts. Conducts two administrative compliance visits with projects, monitors expenditures and fiscal accountability; and provides technical assistance.

Word Processing Specialist: Oversight of electronic information, training for Commission staff and projects, designs Minority Health Month calendar of events and other printed materials.

Customer Services Representative: Answers telephones, processes information internal-external; coordinates logistics, administrative assistant to the Director/Associate Director.

Communications Manager: will be responsible for writing all Commission documents, public relations and communications. (This position will be filled in State Fiscal Year 2008).

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 <p>The Office of Minority Health (OMH) is a key component of the U.S. Department of Health and Human Services (HHS). It was established in 1988 to address health disparities experienced by racial and ethnic minorities in the United States. OMH works to ensure that all Americans have equal access to high-quality, culturally competent health care services. It achieves this through research, policy development, and program implementation.</p>				
<h2>Oregon</h2> <h3>Organizational Structure/History</h3> <p>The Oregon Office of Multicultural Health (OR-OMH) was created within the Oregon Department of Human Services (DHS), Oregon Health Division, in 1993. In 2008, OR-OMH will be structured under the DHS Director's Office, and it will report to the DHS Director and Deputy Director. The OR-OMH Administrator will serve as a member of the DHS executive management team and will assist other DHS divisions regarding health services and outcomes of all clients served by the agency.</p> <p>In 1999, the Governor issued an Executive Order creating the Task Force on Racial and Ethnic Health. The task force consisted of members, including state legislators, governor's policy staff, eight representatives of interest groups, advocacy commissions, and seven at-large positions. A report was submitted in November 2000 that resulted in new legislation, an increase in state funding for OR-OMH and opportunities for new partnerships with public and private sectors. The Task Force Report also outlined health disparities that impact Oregon's racially and ethnically diverse communities. It has been used to guide the efforts of OR-OMH and the Oregon Public Health Division.</p> <p>The DHS is undergoing a major reorganization that will result in greater integration of services and more efficient delivery of comprehensive services. An area of focus for the reorganization is on raising cultural competency as a priority and on integrating it into all areas of health and human services provided by the DHS. Examples would include behavioral health, child welfare, seniors and people with disability services, and Medicaid policy and program administration.</p> <h3>Purpose/Mission Statement</h3> <p>The mission of the OR-OMH is to improve access to health services, health status and health outcomes for racially and ethnically diverse communities and other under-served populations facing health disparities. This is achieved through the promotion of culturally and linguistically competent attitudes, practices, policies and structure at all levels of the DHS.</p> <h3>Program Focus/Activities</h3> <h4>Health Planning and Policy Development</h4> <ul style="list-style-type: none"> Provide consultation on policy development, access to health and human services, racial and ethnic health disparities and strategies for involving culturally diverse communities. Areas of focus include program design, resource development and program evaluation. Support program, policy and workforce development in accordance with recommendations and findings from the governor's Task Force on Racial and Ethnic Health. 				

Technical Assistance and Training

- Develop techniques to increase the racially and ethnically diverse representation within the public health workforce as well as within policy and decision-making bodies.
- Convene cultural and linguistic competence training activities for employees of the state's Public Health Division, other divisions within DHS and those working on behalf of diverse communities and/or groups facing health disparities within the state.
- Provide technical assistance for professional, agency and community-based efforts to eliminate racial and ethnic health disparities, increase the effectiveness of community outreach strategies and promote healthy lifestyles and choices within racially and ethnically diverse communities in the state.

Health Initiative/Program Services

- Administer the DHHS Office of Minority Health State Partnership Grant. OR-OMH's project provides capacity-building support for existing community-based organizations that exercise innovative strategies to promote health in culturally appropriate ways. Demographic and other data will be collected to determine the number of people impacted by this project.
- Manage the Oregon Health Care Interpreter Program, which certifies medical interpreters. Oregon is one of three states (Massachusetts and Washington being the others) that has a certification program that examines interpreter's linguistic and interpreter proficiencies. This legislation was passed in 2001.
- Develop and circulate the electronic newsletter, "Diversity Events Calendar," which identifies opportunities to engage diverse communities, events, and programs to more than 500 subscribers.

Impact of Program Activities on Communities

Through the work of OR-OMH, new linkages and stronger partnerships have been established with local county health departments, human service providers, community- and faith-based organizations and others working on behalf of communities facing health disparities to improve health outcomes. This is a critical element in understanding and finding solutions to end health disparities among Oregon's diverse communities. OMH has also provided agency leadership with respect to delivering health and human services within multicultural and culturally-specific communities. Public Health Division programs and policies have tried to integrate tailored and focused strategies to reach minority communities.

Program Evaluation

A thorough program evaluation on aspects of OR-OMH's services and programs has not been conducted. However, OR-OMH dedicates a portion of grant funding toward program evaluation. In addition, participant evaluation forms are completed when OMH staff provide trainings or workshops on cultural competency, workforce development and health disparities. Overall feedback from participants has been positive. Typically 85 to 90 percent of participants have rated trainings as valuable.

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Level of Funding Sources

General fund with Title 19 Medicaid Match, the US Department of Health and Human (HHS) Services Preventive Health Block Grant, HHS' Office of Minority Health State Partnership Grant and fees from the Health Care Interpreters program. The all-funds budget for OR-OMH in the 2007-09 bienniums is expected to be approximately \$972,000.

Year	Federal	State	Private
FY 2007	\$391,100	\$122,300	\$20,000
FY 2008	\$286,500	\$121,7006	\$63,200
FY 2009	\$304,200	\$129,250	\$67,150

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Resources

Positions within OR-OMH include the administrator and five program staff. At present, due to the vacancy of the director position and three unfilled vacancies, the OMH has an interim administrator and an administrative specialist.

Administrator, Office of Multicultural Health

The OMH Administrator provides support and management of all OR-OMH projects, grants, and policies. Under the direction of the DHS Director, the OR-OMH administrator will:

- Set policies for a culturally competent workforce,
- Support partnership-building across DHS programs,
- Establish and maintain partnerships with community-based organizations and
- Develop strategies to integrate racial and ethnic health concerns within DHS programs.

Operations and Policy Analysts and Administrative Support Specialist

There are four staff members within OR-OMH that are classified as operations and policy analysts and one administrative support specialist. The administrative support staff provides project assistance, grants management, and internal resource development. The analysts provide various duties, including:

- Conducting community outreach to Oregon's racial and ethnic communities,
- Providing technical assistance and consultation to DHS programs and external partners,
- Participating on a variety of advisory committees and work groups,
- Administering grants,
- Analyzing racial and ethnic data,
- Developing policies and
- Providing trainings and presentations on health disparities and workforce development issues.

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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QUALITY HEALTH CARE FOR AMERICA

Pennsylvania

Organizational Structure/History

On April 18, 2006, Gov. Edward G. Rendell reinforced his commitment to making sure all Pennsylvanians are healthy and have access to the same health care resources with the creation of the Pennsylvania Department of Health Office of Health Equity (OHE). Gov. Rendell signed Executive Order 2007-04 on May 21, 2007. The Order formalized the Office of Health Equity in the Department of Health and the Advisory Committee, listing their respective missions and responsibilities.

The Office of Health Equity, located within the Bureau of Health Planning (BHP) in the Department of Health, answers directly to the Secretary of Health to ensure that the elimination of disparities remains a priority for the Commonwealth. BHP was selected as the locus for OHE because of its long history of advocacy for medically underserved populations. In addition, it serves to enhance the institutionalization of OHE by integrating it into an existing DOH Bureau. BHP (comprised of the Division of Health Professions and the Division of Plan Development) serves as the HRSA-recognized State Primary Care Office. Through its State Health Improvement Plan, the Health Policy Board, and the administration and evaluation of the National Public Health Performance Standards, the bureau has provided leadership to DOH and communities on the issues of Healthy People 2010 and on the overarching goal of the elimination of disparities. The Bureau has working relationships with 63 community-based health improvement partnerships, which have mobilized local health improvement efforts across the Commonwealth.

Purpose/Mission Statement

The Office of Health Equity (OHE) was established to address health disparities, the statistically significant differences in health status, the delivery of health services, and/or the utilization of health services, which include, but are not limited to, differences that occur due to:

- Race and ethnicity,
- Gender,
- Education and income,
- Disability,
- Geographic location and
- Sexual orientation.

Health Equity Advisory Committee

In July 2006, the Secretary of Health appointed the first Department of Health, Health Equity Advisory Committee. This committee was comprised to bring together representatives from minority-based organizations, providers, insurers, advocacy organizations, state agencies, statewide

Pennsylvania

Office of Health Equity

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In this article...

- ▶ Organizational Structure/History
- ▶ Purpose/Mission Statement
- ▶ Program Focus/Activities
- ▶ Eliminating Health Disparities Statewide Initiatives
- ▶ Level of Funding Sources
- ▶ Resources
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commissions and DOH staff to advise the Secretary on issues related to reducing or eliminating disparities in Pennsylvania. The Committee currently meets bimonthly.

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Program Focus/Activities

The Office of Health Equity bases all of its activities on three guiding principles of Education and Information Dissemination, Collaborative Efforts and Partnership and Community Outreach.

Health Planning and Policy Development

Health Equity Summits - The OHE has held two successful regional health equity summits, one in the central region of the state, and one in the western region in Allegheny County. The purpose of these summits was to increase awareness, knowledge and support of the OHE and its mission and to expand the agenda for elimination of health disparities. Over 160 people from 96 different organizations attended the two summits. The major topics addressed were health care access, race and medicine, workforce diversity, research, data, evaluation and business and community partnerships. The OHE is going to expand on these summits and utilize results to develop its Health Disparities Strategic Plan.

Limited English Proficiency (LEP) - In the summer of 2006, the DOH LEP initiative began a review of the ability of DOH to assure appropriate access to the personal health services it provides. Each DOH Bureau assigned a staff person as an LEP coordinator and has begun the process of taking inventory of programs and assuring the availability of forms in appropriate non-English languages. Bureau coordinators attended a one-day mandatory training session on program responsibilities.

State Health Improvement Plan - SHIP 2006-2010 - In August 2006, the DOH issued the third State Health Improvement Plan, a model for health planning in Pennsylvania. SHIP 2006-2010 emphasizes the elimination of disparities. It includes data and strategies, as well as links to Healthy People 2010 objectives. SHIP links health improvement planning efforts to 63 community-based health improvement partnerships and provides access to numerous resources. The entire document is available through the DOH's Internet site at <http://www.health.state.pa.us/SHIP> or as a CD.

Technical Assistance and Training

Disparities Resource Database - The Disparity Resource Database is a catalog of DOH programs that address disparities. Program specific information includes service area, target population, and budgets for programs. It will serve as a historical source of information as well as a current snapshot of available resources. The database allows multiple types of queries, including county, disparity group and funding source. OHE will expand the database to include programs administered by county and municipal agencies, and community and faith-based organizations.

OHE Web site - The OHE Web site shares both general and population specific information on health disparities. The site includes access to disparity data, publications and documents, links to the media spots, information on health care access (such as physician locators and insurance information), and the health consumer toolbox. The Health Disparities Resource guide, posted on the site, provides contact information for relevant programs and information on the Pennsylvania healthcare system. The "News and Events" page keeps a calendar of all health and disparities related events and meetings.

Along with general information, sections are designed for individuals, health professionals, community and business organizations, as well as government entities. The Individual Pages (African American, Hispanic, physical disability, sexual orientation, etc.) provide information to assist those persons in taking charge of their healthcare. Tools, such as physician locators, health risk assessments and information on and indicators of disease specific conditions in communities are available. The provider page contains access to the Behavioral Risk Factor Surveillance System (BRFSS), containing raw data, the State Health Improvement Plan (SHIP) reports, E-Guide and EpiQMS (interactive tools to create specific and relevant data sets), online disparities training courses, disparities articles, publications, conferences and events

Health Initiatives

One-million dollars was included in the governor's budget request to administer four major initiatives to increase diversity of the medical workforce. The Office was successfully awarded those funds to administer Requests for Applications to administer the following programs that will:

- Encourage high school guidance counselors to mentor and support interest of racial and linguistic minority students in health careers,

- Support minority faculty mentors in health professions schools,
- Increase the numbers of foreign-language interpreters with the knowledge, skills, and ability to work in primary care and
- Create incentives for health profession schools to establish medical interpreter training in their curriculum.

The first two programs will aim to modify the under-representation of minorities in the health care field. It is anticipated that programs will increase the proportion of under-represented minorities by 10 percent per year. However, it should be noted that these increases might not be realized for 10 to 12 years from the time of program initiation, due to the length of courses of study. The next two programs will provide medical interpreters and culturally competent medical services to those in Pennsylvania that are linguistically isolated. These programs provide services in counties that are at or above the state average for linguistically isolated households (1.6 percent): Berks, Centre, Chester, Dauphin, Delaware, Lancaster, Lehigh, Mifflin, Montgomery, Northampton and Philadelphia. A minimum of 100 medical interpreters could be trained each year. Cultural competency training at the five largest BS-RN programs would allow the state to graduate over 700 culturally-competent, registered nurses per year.

Program Evaluation

Health Equity Summits - Two regional summits were held in the spring of 2007. Participant surveys are provided for the individual break out sessions, along with an on-line summit evaluation survey on the overall summit. These evaluations will be written, administered and analyzed by the Department of Health's Bureau of Health Statistics and Research (BHSR). For each regional summit, we will conduct an After Action Review (AAR). The AAR is a structured review or de-briefing process that analyzes what happened, why it happened and how it can be improved, in a forum that includes participants and those responsible for the project. AAR results are used to modify processes and plans for upcoming summits and to continuously improve the outcomes.

Health Disparity Strategic Plan - The Health Equity Advisory Committee will evaluate the final document before it is released to the public. Data collection and research initiatives will be reviewed by BHSR. Items they will consider include:

- Relationship to Healthy People 2010 objectives,
- Realistic timeframe and resource obligation and
- Environmental factors impacting successful implementation.

Each objective of the final plan will have a baseline measurement conducted, and progress will be tracked toward meeting the goals expressed in the plan. Also, the Regional Coordination and Collaboration Council will evaluate progress made and the extent to which regional needs are met. Citizens Health Focus Group will evaluate the progress of implementation from the consumer perspective.

Medical Interpreter Curriculum - The curriculum will be evaluated to ensure that it meets national standards and the Commonwealth's needs. Health profession schools, students and employers of students who successfully complete the medical interpreter curriculum will be surveyed. The surveys will be created by OHE and BHSR. BHSR will analyze the results. The surveys will cover ease of implementation, proper delivery and training of instructors and effectiveness of curriculum to prepare students who have completed it.

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Eliminating Health Disparities Statewide Initiatives

Body and Soul - The Department of Health received funding from the Centers for Disease Control and Prevention and the National Cancer Institute to sponsor this program. This is a wellness program for African-American faith-based organizations/churches. It is in its inaugural year and is being piloted in the Pittsburgh and Norristown areas. The program encourages church members to eat a healthy diet rich in fruits and vegetables every day for better health. A Body and Soul program is made up of four parts or pillars: a pastor who is committed and involved, church activities that promote healthy eating, a church environment that promotes healthy eating and peer counseling that motivates church members to eat a healthy diet.

Be-A-Bridge - The BE-A-BRIDGE Partnership project aims to improve the health of Pennsylvanians disproportionately affected by tobacco-related chronic disease by linking the resources of organizations within and across communities to build capacity across a broad spectrum of organizations. The BE-A-BRIDGE partnership is a multi-disciplinary collaborative comprised of local, statewide and national

organizations. The partnership has successfully engaged professionals in health and medicine, social and human services, as well as those with expertise in diverse populations and members of the population themselves.

Pennsylvania Perinatal Partnership (PPP) - The PPP is a statewide organization of Pennsylvania's Healthy Start Projects, local health department maternal and child programs and representatives of the Pennsylvania Departments of Health and Public Welfare. OHE is a participant in the advisory planning group. The planning group identifies barriers to access and formulates potential solutions. The results of the planning sessions create a blueprint for a summit where elected and appointed officials, policy makers, media, consumers and professionals will come together to raise awareness, reduce stigma and create action plans at local, regional and state levels.

Pennsylvania State University (Penn State) - In December 2006, OHE began working with Penn State on the medical interpreter program. The program has been designed based on an evaluation of the needs of each medical school and the needs of the communities. The goal is to increase the number of programs in Pennsylvania, which train multi-lingual medical assistants to serve as professional medical interpreters for their employers. The project has been completed and funded through the Medical Interpreter/Cultural Competency Training Grant Request for Application Funding Opportunity accessed through the Governor's Rx for Pennsylvania appropriations.

Communication Strategy- OHE has developed and is implementing a two-phase communication strategy to engage community partnerships and others in local efforts to reduce health disparities. Phase One - Education and Outreach has a broad target audience, and the message of "What are health disparities?" The campaign also focuses on conditions affecting specific populations. It will last 12 to 18 months. The campaign includes distributing brochures to community organizations, churches, local businesses and human service agencies. Phase Two - Elimination of Disparities will target practitioners, providers and policy makers. Efforts will focus on the objectives and priorities, which will be outlined in the strategic plan. This phase will be ongoing, and will include a media tour of DOH personnel and use of editorial boards. The activities include:

- Media Campaign - one TV spot and seven radio spots,
- Printed Media: a series of four brochures designed to help the general population understand and recognize disparities. The brochures ask the reader to compare their health to that of their neighbors. The specific topics discussed are chronic disease, lifestyle choices, communicable disease and healthcare access and
- Speakers Bureau: Staff from DOH Executive Offices and OHE have made presentations to many different audiences, including the Pennsylvania Black Legislative Caucus, the Pennsylvania Forum of Primary Health Care, the Pennsylvania Perinatal Association and the Pennsylvania Public Health Institute.

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Level of Funding Sources

Year	Federal	State
FY 2006-2007	\$75,000	\$150,000
FY 2007-2008	\$125,000 requested	\$1,000,000 requested

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Resources

On Feb. 19, 2008, Jamahal C. Boyd was hired as the new director for the Office of Health Equity. The office is also staffed with one FTE Public Health Program Assistant Administrator. This position is vacant. The position was recently vacated by Mary Smith who has been promoted to a higher-grade position within the Bureau of Health Planning. The office is in the process of seeking a replacement. Additionally, OHE is no longer housed within the Bureau of Health Planning. The office's status has been elevated to report directly to the Deputy Secretary of Health for the Deputate of Health Planning and Assessment. In addition, the Department's executive staff is an integral part of OHE's ability to network and forge relationships.

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Recent Publications

Disparities Resource Guide - www.health.state.pa.us/heathequity

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 Office of Minority Health QUALITY HEALTH CARE FOR AMERICA	<h2>South Carolina</h2>	South Carolina	South Carolina Office of Minority Health	
	<p>The South Carolina Office of Minority Health (SC-OMH) was established, administratively, by the Commissioner of the state's public health agency, the SC Department of Health and Environmental Control (DHEC) in February 1990. Prior to that, in 1989, the Commissioner created the South Carolina Task Force on Minority Health to examine minority health issues. The creation of an Office of Minority Health was one of the recommendations that resulted from the efforts of the Task Force.</p>	South Carolina	Shauna P. Hicks, MHS, CHES Director, OMH Office of Minority Health South Carolina Department of Health and Environmental Control 2600 Bull Street Columbia, SC 29201 Phone: 803-898-0868 Fax: 803-898-0180 Email: hickssp@dhec.sc.gov	
	<h3>Purpose/Mission Statement</h3>	In this article...	<ul style="list-style-type: none"> ▶ Organizational Structure/History ▶ Purpose/Mission Statement ▶ Program Focus/Activities ▶ Program Evaluation ▶ Eliminating Health Disparities Statewide Initiatives ▶ Level of Funding Sources ▶ Resources ▶ Recent Publications 	
	<p>The South Carolina Office of Minority Health serves as the principal advisor to the health department as well as to other agencies and organizations on public health and environmental issues affecting minority populations (African-Americans, Hispanic/Latinos, American Indians and Asian/Pacific Islanders) in the state.</p>			
	<p>The mission of SC-OMH is to provide leadership and to serve as a focal point for addressing health disparities and other minority health issues. Its goal is to improve the health of minority communities by ensuring the development or modification of policies, programs, strategies and initiatives to effectively target and provide culturally competent services to minorities. SC-OMH is dedicated to accomplishing this goal to attain its vision of Healthy Minorities Living in Healthy Communities.</p>			
	<h3>Program Focus/Activities</h3>			
	<p>The SC-OMH is involved in a number of state and local initiatives to address health disparities and other issues, which impact the health status of racial/ethnic minority communities.</p>			
	<h4>Health Planning and Policy Development</h4> <p>SC-OMH activities in this focus area include:</p>			
	<ul style="list-style-type: none"> • Providing leadership in coordinating the development and implementation of a legislatively directed Health Disparity Study Report, which forms the basis of the State Health Improvement Plan for Eliminating Health Disparities (in clearance); • Commissioning the first statewide Hispanic Health Needs Assessment, used to identify health needs to facilitate and promote policy, planning and the provision of appropriate health services for the state's growing Hispanic population; • Providing leadership in the development, implementation and evaluation of the agency's cultural competence initiative, which includes training and policies to guide culturally and linguistically appropriate services and 			

- Providing leadership in assuring minority health and health disparities are a priority in the agency's strategic plan and annual budget requests.

Technical Assistance and Training

Initiatives focused on capacity-building efforts in the minority community include:

- *Faith and Health Capacity Building Institute*, which provides skills building training and assistance to churches in developing, implementing and sustaining health ministry activities;
- Providing technical assistance in the development of the *African Methodist Episcopal Church Strategic Health Plan*, which serves as a model for developing partnerships with other faith groups;
- *Minority Community Based Organization Institute*, a skills-building conference for grassroots organizations providing HIV/AIDS prevention services in minority communities; and
- *HBCU HIV/AIDS Summit* to engage the state's eight Historically Black Colleges and Universities (HBCUs) in HIV/AIDS prevention initiatives with an emphasis on the administration, faculty and students as active participants in implementing, integrating and sustaining HIV/AIDS campus/community prevention programs.

Health Initiatives Programs and Services

The focus of SC-OMH initiatives is on the development and implementation of market prototypes, demonstration models and promoting adaptability for use in addressing health disparity and minority health issues such as:

- *Real Men Checkin' It Out*, a community-driven, culturally-appropriate education and communication prototype that addresses prostate cancer in the African-American community;
- Faith and health partnerships with the Seventh Episcopal District of the African Methodist Episcopal Church (AMEC), in development of an AMEC Strategic Plan; the Baptist Educational and Missionary Convention churches (BEMC) and other denominations in development/enhancement of health ministries; and the "*Protect Your Body ...Your Temple*," a faith-based church bulletin insert health education/ health promotion campaign;
- Media partnership with *IMARA ("powerful") Woman Magazine*, a personal lifestyle and growth magazine with a 60,000 circulation, targeting women of color with SC-OMH produced health promotion/health education articles; and the annual *IMARA Woman Lifestyle Empowerment Tour*, an educational outreach initiative that includes interactive health related workshops and health screenings;
- *Count Your Steps*, a walking initiative implemented through various venues in the minority community to increase physical activity; and the *Pandemic Influenza Community Initiative*, which provides culturally appropriate education/awareness and outreach activities that address planning and preparedness in the African-American, Hispanic/ Latino and Native-American communities.

Impact of Program Activities on Communities

The various programs and initiatives of the SC-OMH have fostered community involvement and engagement in planning and implementation through partnership development, education, awareness and outreach activities. Communities have been encouraged to advocate for policy changes through collaboration and coordination with other identified stakeholders. The Real Men Checkin' It Out Prostate Cancer Initiative has been implemented in 221 (1998 -2006) community- and faith-based organizations, resulting in 1,200 educated, over 8,500 screened and 66 diagnosed with prostate cancer. The AMEC Strategic Plan provided guidance for health initiatives for approximately 609 AME churches and assisted approximately 50 BEMC and other denominations with the establishment/expansion of health ministries. More than 10,000 church bulletin inserts addressing the six priority health disparity areas have been distributed, with an emphasis on promoting risk reduction. Count Your Steps (CYS) was implemented in August 2005 in 61 beauty shops across the state, encouraging nearly 900 African-American women and men to walk.

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Program Evaluation

Methods include, but are not limited to, data collection and analysis of education, outreach and other initiatives.

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Eliminating Health Disparities Statewide Initiatives

SC-OMH provided leadership in coordinating the agency's development of a Health Disparities Study in response to a legislative directive. The purpose of the study was to develop a state health improvement plan with recommendations to address coordination of services, elimination of duplication and coordination of federal, state and other resources toward improving the health status of racial and ethnic minorities in the state. This report now serves as the State Health Improvement Plan for the Elimination of Health Disparities. In response to one of the recommendations, a statewide Health Disparities Initiative Database provides a systematic approach to identify, summarize and disseminate programmatic information including outcomes/results and best/promising practices to facilitate coordination and collaboration of health disparity elimination efforts in the state.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005	\$280,042	\$409,377	\$74,336
FY 2006	\$259,865	\$423,885	\$70,486
FY 2007	\$268,950	\$430,694	\$52,743
FY 2008	\$194,862	\$441,513	\$12,017

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Resources

The SC-OMH has nine full-time employees, which includes: one director, one assistant director, four consultants, one administrative coordinator, one project assistant and one administrative assistant. The director provides leadership, direction and overall management for the Office. The assistant director provides administrative management for office operations, supervision and coordination of policy, program and other minority health initiatives. The administrative coordinator provides administrative support for the director and assistant director, serves as office manager and performs administrative, fiscal and procurement functions and serves as office personnel coordinator. The project assistant provides support for special projects and assists with information research, dissemination and other administrative functions. The administrative assistant provides general administrative clerical functions for office staff. The four OMH consultants focus on the following areas: Faith/Health, Cultural Competence/Special Projects, Health Disparities and Health Promotions/Partnerships.

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Recent Publications

Additional information can be obtained via <http://www.scdhec.gov/health/minority/>.

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- related programs; and
9. To seek funding from various entities or sources to carry out or further the purposes of this part. (Acts 2004, ch. 564, 1.)

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Program Focus/Activities

TN-OMH's strength is in its ability to work and manage various health areas and developing and maintaining partnerships and collaborations. TN-OMH adopted the National Association of State Offices of Minority Health's Guiding Principles (established in November 2005) as a tool to guide the actions of the office. These actions are:

- Eliminate Health Care Disparities through our commitment to encourage and promote health equity in all communities.
- Build capacity of national, state and local government to develop, implement, monitor and evaluate high quality cultural-competence strategies for all domains of public health, including policy, funding and programs.
- Community empowerment by engaging and encouraging community involvement and decision making in communities of color, tribal organizations and other nations to create innovative ways to support its communities.
- Commitment to the principle of community responsibility and good stewardship, bring accountability for both private and public funds by adhering to all laws, policies and regulations.

Institute of Healthy Communities (IHC)

TN-OMH was awarded a State Partnership Grant to Improve Minority Health in September 2005 from the Federal Office of Minority Health (OMH). Known as The Institute for Healthy Communities (IHC), this initiative offers a mechanism for providing on-going cultural-competence training, evaluation and support to governmental and non-governmental organizations and communities seeking to better address health disparities.

In addition to cultural competence training, the IHC provides comprehensive services and activities to support the diversification and enhancement of Tennessee's public health workforce. Services provided by the IHC are incorporated into the existing program and service design of the Division of Minority Health and Health Disparities Elimination. The services rendered by the IHC are designed to eliminate health disparities, which are to be measured by the increase of access, quality and service utilization, as well as health status and workforce diversity.

The IHC's objectives are as follows:

Objective 1: Implement a statewide strategic plan to eliminate health disparities in Tennessee.
Revised Target: (Year Two and Three)

Objective 2: The TN-OMH will increase its staff and contractual services to plan, coordinate, and implement the IHC. Revised Target: (Year One through Three)

Objective 3: The TN-OMH will continue to evaluate and monitor the IHC in promoting enhancements and changes in governmental and non-governmental organizations in cultural competence and encouraging minorities in health professions. (Year One through Five)

Objective 4: The IHC will encourage and improve minority representation in health professions by maintaining at least two paid internships yearly, and develop a Health Professionals Fellowship Program and Speakers Bureau. (Year One through Five)

Objective 5: The IHC will initiate collaboration with governmental agencies, community- and faith-based organizations to address health disparities. (Year Four and Five)

Statewide Plan to Eliminate Health Disparities in Tennessee

On August 31, 2007, the Division of Minority Health and Health Disparities Elimination submitted a request to the Commissioner of the Department of Health to utilize \$25,000 of 2007 – 2008 funds to develop a State Plan for Reducing Health Disparities.

The \$25,000 designated for this project will be used for the following:

- To establish a State Minority Health Work Group to develop the plan and to establish partnerships with community partners, funders, advocates and health care professionals to implement the plan.
- To improve and standardize data collection methods for gathering race/ethnicity and primary-language-spoken information, recognizing that Nashville and other parts of our state have growing Kurdish, Somalian and Hispanic/Latino populations. Data need to be gathered on all populations to access their health care needs.

This plan will provide steps to develop education, communications and social marketing campaigns to inform policymakers, stakeholders and the general public. Clear goals, data to focus disparity reduction strategies, benchmarks, performance measures and coordination of efforts would be established. The strategic plan will begin by documenting problems and laying out a clear case for addressing disparities, with action steps. The Division of Minority Health and Health Disparities Elimination will use the plan to guide and implement initiatives in a comprehensive effort to reduce health disparities in Tennessee.

Black Health Initiative (BHI)

The Black Health Initiative program maximizes resources to ensure the health and well-being of African American youth and adolescents between the ages of 10 and 19. The program provides prevention and intervention services statewide. Emphasis is placed on teen pregnancy, infant mortality and other high priority health disparities. For fiscal year 2008 -2009, the BHI program will be renamed to be more inclusive of other minorities in the State of Tennessee. Also, the program will become a proposal submission process with a committee that will screen applicants.

Improving State and Community-Level Planning

To improve state and community-level planning for health disparities among populations of color, TN-OMH staff served on the planning committee to develop the agenda for a one-day Heart Disease and Stroke Prevention Summit, which was held at the West Tennessee Agriculture Center in Jackson on April 20, 2007. Partnering agencies including the Heart Disease and Stroke Prevention Program and the Office of Policy Planning and Assessment came up with solutions for addressing the disparities that exist in heart disease and stroke in the West Tennessee region.

Potential partnerships were established with Lane College and the West Tennessee Regional Health Department. Attendees of the one-day summit included academia, local and regional health department employees, community representatives, business personnel and others.

TN-OMH staff members also were part of the Executive Planning Committee for the 12th Annual Health Summit of Minority Communities. This presented an opportunity for participants from all levels, including state, local, regional and federal government, community members, health care representatives, community-based organizations and other businesses to network and share ideas and solutions for addressing health disparities that exist around many health issues and concerns.

Strategies to Improve Diversity

TN-OMH's operational philosophy is that achieving diversity in health care at the state and community level is essential to eliminating health disparities. To support this philosophy, TN-OMH has designed an internship program to train undergraduate and graduate students interested in cultural competence, minority health and health disparities.

Applications are reviewed for potential placements based on the availability of a position and the skills, knowledge, and abilities of the applicant to fulfill the mission of the Division of Minority Health and Health Disparities Elimination and TN-OMH.

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Level of Funding Sources

Year	Federal (State Partnership)	State
FY 2005	\$375,000	\$1,326,000
FY 2006	\$175,000	\$1,426,000
FY 2007	\$251,000	\$1,526,000
FY 2008	\$175,000	\$1,228,000

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Resources

The Tennessee Division of Minority Health and Health Disparities Elimination is staffed with an executive director, a program analyst, two public health educators, two support staff, and three student interns. Additional program information can be obtained via <http://health.state.tn.us/>.

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 <i>Office of Minority Health</i> <small>QUALITY HEALTH CARE FOR ALL AMERICA</small>	<h2>Texas</h2> <h3>Organizational Structure/History</h3> <p>The Texas Office of Minority Health, currently the Office for the Elimination of Health Disparities (OEHD), was created by the 73rd Texas Legislature in 1993 as part of House Bill 1510 to facilitate an increasing focus on the distinct health care needs of minority populations in Texas. The functions of the office, as promulgated in the bill, were to:</p> <ul style="list-style-type: none"> • Assume a leadership role in working with federal, state and private groups and agencies to develop minority health initiatives and • Maximize the use of existing resources for this purpose without duplicating current efforts in this area. <p>With the passage of House Bill 2292, 78th Legislative Regular Session in 2003, the Texas Legislature called for the creation of OEHD. Its primary focus is to optimize the health and wellness of Texas residents by developing and strengthening systems and services to monitor, analyze and assess the health needs of underserved populations throughout the state. OEHD was established in 2004 to bring greater focus to health disparities statewide across service systems.</p> <p>With the passage of House Bill 1396, during the 80th Legislative Regular Session, the Texas Legislature transferred the OEHD from the Texas Department of State Health Services to the Texas Health and Human Services Commission (HHSC). The relocation to HHSC has afforded OEHD the opportunity to apply an integrated approach and to partner with other health and human services agencies. This includes oversight to all HHSC agencies, including the Texas Department of State Health Services, the Texas Department of Aging and Disability Services, the Texas Department of Assistive and Rehabilitative Services and the Texas Department of Family and Protective Services.</p> <p>go to top</p> <h3>Purpose/Mission Statement</h3> <p>To provide leadership and guidance throughout HHSC and to assist the state in improving the health status of special and underserved populations.</p> <p><u>Service Purpose:</u> To reduce health disparities among special or underserved populations across Texas. This will be achieved by:</p> <ul style="list-style-type: none"> • Providing technical assistance throughout the Texas Health and Human Services Commission to ensure health disparities are addressed in all agency services, 	<h3>Texas</h3> <p>Office for the Elimination of Health Disparities</p> <p>Kimberly McCoy-Daniels, M.S.P.H., C.H.E.S, Director Office for the Elimination of Health Disparities</p> <p>Texas Health and Human Services Commission 4900 North Lamar Boulevard Mail Code 1910 Austin, TX 78751 Phone: (512) 424-6509 Fax: (512) 424-6537 Email: Kimberly.Mccoy-Daniels@hhsc.state.tx.us</p> <h3>In this article...</h3> <ul style="list-style-type: none"> ▸ Organizational Structure/History ▸ Purpose/Mission Statement ▸ Program Focus/Activities ▸ Eliminating Health Disparities Statewide Initiatives ▸ Level of Funding Sources ▸ Resources ▸ Recent Publications 		

- Providing leadership to internal and external partners through the collaborative development of health policies and programs established to eliminate health disparities and
- Promoting cultural competency, research, health literacy and evaluation of health promotion and disease prevention program activities.

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Program Focus/Activities

The core functions of the office are to:

- Identify internal and external partners, resources and opportunities for collaboration and coordination of health disparities efforts in Texas,
- Identify "best practices" and work with research and policy institutions to develop and promote evidence-based intervention strategies and research initiatives for addressing health disparities, and
- Provide internal and external consultation, training, education, and technical assistance on health disparities, cultural competency, health literacy and strategic planning.

Health Disparities Index Project (HDI)

In 2006, OEHD initiated the HDI, a project that monitors progress toward eliminating the health status gap in Texas. HDI establishes a baseline for HHSC's efforts to eliminate racial and ethnic disparities in health. Although current data are presented by race and ethnicity to describe the health status gaps, race/ethnicity alone is not a cause of a particular health condition or status. The HDI project will account for the real causes that affect health disparities. The goal of HDI is to identify relevant public health indicators available from existing HHSC databases to provide an overall picture of community health. The HDI initiative will stimulate research aimed at reducing health disparities.

The HDI initiative incorporates the Community-Based Participatory Research (CBPR) model. CBPR is a partnership approach designed to answer the question of how community stakeholders are empowered to identify effective and efficient solutions to health problems. To address disparities and develop stable, mutually beneficial relationships with community-serving agencies, the HDI project is guided by community participatory principles and will grow directly out of identified recommendations and goals of the community.

OEHD's Health Disparities Learning Lunch Series

These sessions provide professional, structured training and education regarding "best practices," as well as guidance on successful application of evidence-based interventions and policies to HHSC staff. Other trainings are available on various health disparities topics, such as cultural competency and health literacy.

African American Legislative Health Day Summit

In March 2008 the Summit, a biennial event, will be held at the Texas State Capitol. This year's Summit theme is "African Americans Moving in the Right Direction" and will feature educational presentations and strategic plans to address health disparities in Texas.

Regional Health Disparities Projects

These projects are varied and range from coalition building to outreach and education activities. Regional projects are based on the needs of the regions and are responsive to community input. OEHD coordinates with Regional Staff located across Texas to implement projects. In 2007, OEHD Regional Staff conducted two community outreach presentations on health literacy in Westway, Canutillo (El Paso County). OEHD Regional Staff also coordinated six presentations at Presidio High School.

Community Information Network (CIN)

OEHD maintains a database with more than 3,000 community-based organizations, researchers and professionals. OEHD periodically sends information to database members about minority health issues, statewide meetings, conferences and funding opportunities. Since the transfer, the OEHD database has increased by 25,000. This has drastically expanded the number of contacts to whom the office can relay information.

Texas Health Disparities Task Force (HDTF)

Created by the Texas Legislature in 2001, the HDTF offers recommendations to assist the HHSC in accomplishing the following goals:

- Eliminate health and health access disparities in Texas among multicultural, disadvantaged, and regional populations, and
- To reorganize HHSC programs to eliminate those disparities.

Special Programs to Assist Hurricanes Katrina and Rita Affected Population

In August 2005, Hurricane Katrina devastated the Gulf Coast region. As many as one million evacuees from Louisiana, Mississippi and Alabama relocated across the United States, the largest dislocation in United States history in the last 150 years. Texas was the recipient of more than half of this evacuee population. Twenty-six days after Katrina, Hurricane Rita struck the Texas/Louisiana coasts. In the days before Rita made landfall, millions once again evacuated to east Texas and western Louisiana. Thousands of these displaced residents will not be able to return to their place of residence for many years, both because of the catastrophic damage and the lack of resources to return and rebuild. Most likely, the majority of this group will become permanent residents in Texas. For this reason, it is extremely important not to view this historical event as a periodic, defined disaster with a return to normalcy. Instead, the actual result of these catastrophes will be long lasting for the state of Texas, drastically affecting current health and social service systems in ways that have not yet been fully realized.

In September 2005, OEHD received funds from the federal Office of Minority Health (OMH) to provide education, guidance and outreach to Displaced Louisiana and Texas Residents (DLRs). The goal of these funds was to assist these new and displaced residents in accessing emergency and ongoing health and human services in Texas. To ensure that these activities were responsive to the needs of DLRs, OEHD coordinated a meeting in December 2005 with representatives from the Louisiana Department of Health and Hospitals, City of New Orleans Health Department and a New Orleans community-based organization. OEHD then sent out a survey to 271 health and social service providers in Texas to determine the immediate needs of service providers and displaced residents. Sixty-one providers responded to the survey; about 10 percent indicated that they did not serve any DLRs. Through this assessment process, OEHD began developing the following activities:

- An outreach and education campaign to assist DLRs, especially those in need of HIV care services, in navigating the new service delivery system in Texas,
- An extensive navigational guide that details a wide variety of health and social services specifically available for DLRs in Texas and
- Cultural competency training to health and social service providers in Texas that are assisting DLRs.

Outreach and Education Campaign

Resource Clearinghouse

OEHD has collected several educational and informational items for a new Resource Clearinghouse. The location will have a laptop for access to research articles and funding information. Additionally, the clearinghouse will have brochures and other educational items for distribution to the agency and the community.

Additional Training Initiatives

Since September 2007, OEHD staff in Austin conducted four trainings and workshops. "Taking the First Steps toward Cultural Competency" was taught to staff at the Texas Department of State Health Services (DSHS). This training lasts 90 minutes and focuses on incorporating a cultural competency initiative in one's program or clinic. In addition, "Taking the First Steps toward Cultural Competency" was taught to DSHS, HIV/STD staff. Finally, "Issues in Cultural Competency," a day-long workshop, was taught to DSHS staff in Nacogdoches, Texas.

Displaced Louisiana Residents

OEHD awarded a contract to Interlex, a media advertising agency, to develop a culturally-appropriate print media campaign that targets DLRs in Houston and East Texas. The campaign's goal was to encourage and instruct DLRs on how to access state and federal health and social services in Texas. The public information campaign, which began in July 2006, targets African-

American media, churches and faith-based organizations by developing culturally-sensitive ads and purchasing media spots in newsletters and community newspapers. The campaign also targets zip codes in Houston and East Texas with the highest reported number of DLRs and displays educational posters at convenience stores in the area.

Navigational Guide

OEHD completed and distributed a culturally appropriate navigational guide that provides a comprehensive listing of federal and state health and social services that are available in Texas. The tabbed guide has visual and tactile cues for identifying important sections. The guide uses the same imagery from the awareness campaign, reinforcing the same motivational messages. Each page presents a call to action, reminding the reader that they are empowered to seek access to health care. A separate section of the navigational guide specifically focuses on services for HIV and sexually transmitted diseases in Texas. With continued funding, OEHD will update and distribute the Navigational Guide every two years.

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Eliminating Health Disparities Statewide Initiatives

In Texas, reducing and eliminating health disparities requires the efforts of a multidisciplinary team of researchers, public health, substance abuse and mental health staff and community and organizational stakeholders who can investigate and provide a better understanding of the role of behavioral, biological and socioeconomic variables. No one program and/or project can adequately address every factor that may contribute to health disparities. Investigation will educate OEHD about how these variables intertwine and will lead to informed development of policies and interventions to address health disparities, including those in mental health and substance abuse.

To achieve this goal, OEHD created and supports a state collaborative of stakeholders addressing health disparities. In addition, OEHD also supports HHSC programs by providing a link between state and local communities to address health disparities, strengthening the infrastructure to address health disparities and emphasizing health promotion and disease prevention. The collaborative program, Texas State Partnership to Address and Eliminate Health Disparities, is a five-year project to reduce health disparities in Texas by strengthening relationships to determine evidence-based policy and prevention program strategies.

The partnership focuses on the following three core areas:

- Conducting a needs assessment to determine barriers to public health and health care and potential solutions,
- Enhancing and supporting the community-based collaborative to recommend, test, inform and reform proposed strategies and
- Creating and supporting a process for diffusion of ongoing technical assistance regarding health disparities information, research and strategies.

To ensure these outcomes and provide guidance, the project has an external evaluator who provides an assessment of the process determines the effectiveness of proposed interventions/policies and estimates the impact on health disparities in Texas.

HIV/STD African American Social Marketing Initiative

In 2007, OEHD partnered with the Department of State Health Services HIV/STD Program to plan and conduct a social marketing campaign targeting African American women who are HIV positive or at high risk of infection. The campaign promotes the benefits of HIV medical care, medication adherence and risk-reduction counseling through the development and distribution of culturally-relevant media. It was designed to reach African-American women in areas with the most severe health disparities, evidenced by rate and incidence captured in epidemiological data, including Austin, Dallas, Fort Worth, Corpus Christi and their surrounding areas. The materials developed included restroom ad panels, posters, pamphlets, transit ads, print ads, radio public service announcements and SMS (text) messaging. Local stakeholders were enlisted to provide input on development of campaign materials, as well as to disseminate materials at the community level. Several local agencies have expressed interest in distributing campaign materials and incorporating the materials into existing prevention outreach activities.

TMF Health Quality Institute

OEHD partners with TMF, a nonprofit organization of licensed physicians, to offer cultural competency training to healthcare providers throughout the state of Texas. This training teaches providers in Texas about patient perspectives, values and behaviors to provide the best care

possible for a culturally and racially diverse patient population. Cultural competency has emerged as a strategy to reduce health care disparities by teaching health care professionals how to meet the social, cultural and linguistic needs of their patients.

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Level of Funding Sources

(As of Dec. 2007)

Year	Federal	State	Private
FY 2007	\$287,203	\$321,000	None
FY 2008	\$175,000	Pending	None
FY 2009	\$175,000	N/A	None

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Resources

OEHD has four professional staff members including one director and three program specialists. Each program specialists focuses on one of the following: coordinating activities for Texas State Partnership to Address Health Disparities activities, working with OEHD Regional Staff or working with the Health Disparities Task Force.

The Statewide Health Disparities Task Force operates with nine seats.

OEHD Regional staff members throughout the state of Texas coordinate with OEHD to conduct health disparity activities and eight regional projects.

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Recent Publications

- OEHD Biennial Report to the 80th Texas Legislature, 2007
- The Health Disparities Task Force Report to the Texas Legislature, 2006
- Final Report of Recommendations for Health Disparities Index, Scope and Indicators, 2006
- Addendum: Compilation of Responses Regarding the Final Report of Recommendations for Health Disparities Index, Scope and Indicators, 2006
- Health Disparities/Community Electronic Health Record Consensus Meeting Report, 2006
- The Health Disparities Task Force Report, 2004

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Utah

Organizational Structure/History

In 1995, the Office of Ethnic Health was created in the Utah Department of Health. The Ethnic Health Advisory Committee (EHAC) was also created to provide recommendations to the Utah Department of Health on racial and ethnic minority issues. In 1997, the *Utah Department of Health published the Utah Health Status Survey on Ethnic Populations--Qualitative Component and Supplemental Report*. The Center for Health Data published the first Qualitative Report on Health Status by Race and Ethnicity in 1999. In 2005, it published the Quantitative Report on Health Status by Race and Ethnicity. In 2008, the second Qualitative Report on Health Status by Race and Ethnicity will be released.

In 2000, Utah's Office of Ethnic Health was moved to the Division of Health Systems Improvement and was combined with the Office of Primary Care and Rural and Ethnic Health (OPCREH). In 2000, the Office of Ethnic Health was eliminated due to lack of funding. Responsibility for "health disparities" remained with the Division of Health Systems Improvement. In 2003, responsibility for carrying out health disparity recommendations from Healthy People 2010 shifted to the Division of Community and Family Health Services, where most direct-service public health prevention programs resided.

In response to advocacy by the Utah population and the Multicultural Health Network, the Utah Legislature authorized funding for the Center for Multicultural Health (CMH). CMH opened in the Division of Community and Family Health Services in September 2004 with one staff member, a full-time coordinator. In 2005, CMH was awarded a State Partnership Grant by the federal Office of Minority Health, as well as additional funding from the Utah Legislature. One part-time Health Program Specialist was hired.

In 2006, the Utah Legislature provided additional funds to CMH to develop protocols and standards for language translation and interpretation for the Utah Department of Health, local health departments and health care providers. One full-time health program specialist was hired to carry out this responsibility. Another full-time health program specialist was hired to support CMH activities associated with the State Partnership Grant.

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Purpose/Mission Statement

The mission of the Center for Multicultural Health/Utah Office of Minority Health is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. CMH accomplishes its mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services.

Utah

Center for Multicultural Health
Website: www.health.utah.gov/cmh/

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The overall objective is to build infrastructure among UDOH programs, local health departments, communities and for-profit organizations in order to meet minority health needs and eliminate disparities. The vision of CMH is: A place where people of all racial and ethnic backgrounds can enjoy the best health possible, where all can live, grow and prosper in clean and safe communities.

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Eliminating Health Disparities Statewide Initiatives

Advisory Boards and Minority Health Committees

The Ethnic Health Advisory Committee (EHAC)

Formed in 1999, EHAC serves as an advisory board to the Utah Department of Health (UDOH) to plan new programs and to continue existing programs that seek to increase cultural sensitivity and competence in Utah's health care system. EHAC has a membership of 18: three members at-large and three representatives of each of the following racial/ethnic groups: Black/African American, American Indian/Alaska Native, Asian, Hispanic/Latino and Native Hawaiian/Other Pacific Islander. EHAC meets bi-monthly to discuss the concerns and issues of each racial and ethnic group. These meetings are open to the public.

Health Disparities Work Group (HDWG)

Formed in 2006, this committee's purpose is to establish a health disparities plan for the Health Department. It meets quarterly to discuss inclusion, cultural competence and health disparity issues that CMH or UDOH management need to address. Members share resources and community networks, inform each other of activities related to reaching minority populations, and participate in research and outreach projects.

Multicultural Health Network (MHN)

In 2001, Utah Issues created the Multicultural Health Network to eliminate minority health disparities in Utah. This Network brings together the public and private health care sectors and coordinates an annual summit on health disparities. Since 2005, the Multicultural Health Network has been funded through Utah's State Partnership Grant. Comunidades Unidas and Utah Health Policy Project are the facilitators of the Multicultural Health Network.

Interagency Cultural Competence Committee

Formed in 2007, this committee works to integrate efforts to improve cultural competence and increase workforce diversity in state agencies. Members include the Utah Department of Health, the Utah Department of Human Services, and the Utah Department of Human Resources Management.

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Focus and Service Areas

The Center for Multicultural Health's program focus and services include:

- Cultural competency improvement through training,
- Online multilingual health literature library;
- Assistance in identifying minority representatives for committees,
- Technical assistance to UDOH programs, local health departments and community-based organizations,
- Policy development,
- Support for language translation and interpretation,
- Production of the Health Status Reports by Race and Ethnicity and
- Staff support to the Ethnic Health Advisory Committee.

The Center for Multicultural Health's priority health areas are:

- Asthma,
- Cancer,
- Cardiovascular disease/stroke,
- Diabetes,
- HIV/AIDS,
- Immunization and
- Reproductive Health (infant mortality).

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Level of Funding Sources

Year		Federal	State	Other	Total
SFY 05	7/1/04 --6/30/05	\$50,000	\$0	\$0	\$50,000
SFY 06	7/1/05 --6/30/06	\$104,400	\$148,750	\$0	\$253,150
SFY 07	7/1/06 --6/30/07	\$164,200	\$164,000	\$43,500	\$371,700
SFY 08	7/1/07 --6/30/08	\$164,200	\$159,250	\$28,000	\$351,650
SFY 09	7/1/08 --6/30/09	\$164,200	\$159,250	\$28,000	\$323,650

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Resources

CMH staff includes a full-time coordinator, two full-time health program specialists and one part-time health program specialist. CMH regularly benefits from interns in the public health graduate programs at the University of Utah and Brigham Young University. CMH contracts with an evaluator from the Department of Family and Preventive Medicine at the University of Utah.

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Recent Publications

Newsletter "The Connection"

August 2007 – February 2008

<http://www.health.utah.gov/cmh/news/Connection/August07.htm>
<http://www.health.utah.gov/cmh/news/Connection/September07/September07.htm>
<http://www.health.utah.gov/cmh/news/Connection/October07/October07.htm>
<http://www.health.utah.gov/cmh/news/Connection/November07/November07.htm>
<http://www.health.utah.gov/cmh/news/Connection/December07/December07.htm>
<http://www.health.utah.gov/cmh/news/Connection/January08/January%2008.htm>
<http://www.health.utah.gov/cmh/news/Connection/February08/February%2008.htm>

Reports

Healthy People 2010 Utah Update

Reports on Utah minority health progress toward Healthy People 2010 goals .

Prepared by National Association of State Offices of Minority Health (NASOMH)

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 Office of Minority Health <small>QUALITY HEALTH CARE FOR ALL AMERICA</small>	The Vermont Office of Minority Health and Health Disparities (VT-OMHHD) was established in June 1992 by order of the Commissioner of Health in response to community requests. The Vermont Department of Health (VDH) is headed by the Commissioner of Health and is one of the departments within the Agency of Human Services, which is headed by the Secretary of Human Services. Within VDH there is a Deputy Commissioner for Public Health and a Deputy Commissioner for Alcohol and Drug Abuse Programs. The Deputy Commissioner for Public Health oversees five divisions, including VT-OMHHD.	Vermont Organizational Structure/History The mission of the VT-OMHHD is to reduce and eliminate racial and ethnic health disparities through partnership, education and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives. The activities in the OMHHD are based on the following values: <ul style="list-style-type: none"> • Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture or belief system; • Cultural Sensitivity – We will respect the diverse knowledge, experiences and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems, • Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters, • Integrity – We will work with our partners in an atmosphere of honesty, fairness and respect, and we will meet the highest ethical and professional standards, • Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives and • Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community and local leadership that sustains progress. 	New Hampshire Office of Minority Health and Health Disparities Web Site : http://www.healthvermont.gov Judy Ashley-McLaughlin, MS Special Assistant to the Commissioner for Minority Health Vermont Office of Minority Health and Health Disparities 20 Houghton Street St. Albans, VT 05478 Phone: (802) 527-5582 Fax: (802) 527-5405 Email: minorityhealth@vdh.state.vt.us	In this article... <ul style="list-style-type: none"> ▶ Organizational Structure/History ▶ Purpose/Mission Statement ▶ Impact of Program Activities on Communities/Program Evaluation ▶ Eliminating Health Disparities Statewide Initiatives ▶ Level of Funding Sources ▶ Resources ▶ Recent Publications

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Impact of Program Activities on Communities/Program Evaluation

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective focus

areas.

The VDH is in the process of developing an internal health disparities work group and an external health disparities advisory council, which its leadership will consult on racial/ethnic minority health and health disparities (MH/HD) issues in the state.

Vermont established a State Refugee Coordinator and State Plan for Refugee Resettlement in 1980. The State also facilitated the creation of the VDH Refugee Health Coordinator, Refugee and Immigrant Services Providers Network and a Limited English Proficiency Committee at the Agency for Human Services to better serve refugees and others with limited English capabilities. The Vermont Commission on Native American Affairs protects and strengthens Native American heritage and advocates for their needs in Vermont.

MH/HD activities are conducted and coordinated across many VDH program offices. VDH maintains partnerships with an array of entities active in MH/HD issues, including local health departments, community-based/non-profit organizations and clinical networks.

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Eliminating Health Disparities Statewide Initiatives

The Vermont Department of Health (VDH) has developed a strategic plan (finalized 12/01/07) for minority health that directs its efforts toward eliminating racial/ethnic health disparities in the state. It is structured around the following goals:

Goal 1: Build health disparities organizational structure and capacity.

Tracking Methods: Establishment of an MH/HD budget, designation of a 'home' for MH/HD coordination at VDH, identification of grant funding sources for Vermont's MH/HD activities, participation on Governor's Workforce Equity and Diversity Council, incorporation of workforce diversity issues into VDH annual report, development of plan to increase diversity of state's health care workforce and development of a marketing plan for the VDH loan repayment program at minority colleges and universities.

Goal 2: Improve health disparities data quality, collection and reporting.

Tracking Methods: Creation of a racial and ethnic health data collection plan and production of Vermont Minority Health Status Report.

Goal 3: Support cultural competency training.

Tracking Methods: Adaptation of National Association of City and County Health Officials (NACCHO) tools and internal dialogue process at VDH for addressing health disparities, creation of standards, guidelines and technical assistance for cultural competency in health care training, identification of toolkits, trainers and potential health care entities for cultural competency training, bi-monthly VDH meetings with State Refugee Coordinator and Limited English Proficiency Committee, number of VDH initiatives that target racial/ethnic minority populations, creation of a VDH racial/ethnic social marketing plan, and yearly discussion/presentation with executive leadership, regarding VDH's health disparities plan and activities.

Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Tracking Methods: Number of racial/ethnic minority representatives involved in VDH planning and program implementation, and incorporation of racial/ethnic health disparities goals in the Department of Mental Health strategic planning.

Goal 5: Enhance community development and leadership.

Tracking Methods: Provision of health information at organizations serving racial/ethnic minorities, creation of resource directory for racial/ethnic minority health services and execution of biennial Minority Health Summit.

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Level of Funding Sources

The office provides no direct health care services. The office expenditures were:

Year	Total
FY 2006	\$88,500
FY 2007	\$88,500

FY 2008

\$91,000

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Resources

Although the VDH does not allocate financial resources specifically for state MH/HD activities, it does support MH/HD activities through the budgets of its public health divisions under which MH/HD activities are conducted. VDH also provides monies to local health departments to support their health disparities efforts. Specific financial data on VDH MH/HD funding streams were not available.

Financial support for Vermont's Minority Health Strategic Plan is being discussed with the U.S. Department of Health and Human Services' Office of Minority Health and Region I Office of Minority Health. The VDH OMHHD was recently accepted to participate in the HHS National Partnership for Action to Eliminate Health Disparities. Participation in this partnership will provide additional support for the OMH Strategic Plan implementation.

VT-OMHHD is currently staffed by the Special Assistant to the Commissioner. Plans are underway to hire a full-time director in the summer or fall of 2008.

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Recent Publications

The OMHHD Strategic Plan - <http://www.healthvermont.gov>

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Prepared by National Association of State Offices of Minority Health (NASOMH)

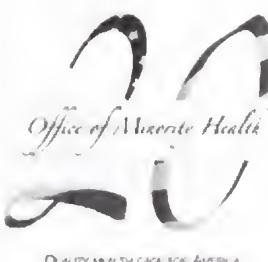
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Organizational Structure/History

Inception History - In 1992 the Commissioner of Health established the Virginia Office of Minority Health (VAOMH). The VAOMH serves as the primary unit in the Department of Health to determine the extent to which policies, programs and services of the agency appropriately address the needs of minority populations.

Current Organizational Structure - Over the years, as Virginia's minority population increased, the VAOMH expanded its staff to address culturally and linguistically appropriate health care services, minority health and health care workforce. The newly appointed director orchestrates the activities of the Virginia Department of Health, Office of Minority Health and Public Health Policy. This office includes two divisions, the Division of Primary Care and Rural Health and the Division of Health Equity. The designated State Office of Minority Health is housed within the Division of Health Equity.

Minority Health Advisory Committee - Virginia established a Minority Health Advisory Committee (MHAC) in 1990 to advise the State Health Commissioner on issues related to the priorities and strategies for reducing disease, disability and death among minorities in the state. The MHAC includes public health agencies, educational institutions, private organizations. The MHAC's mission is to promote and address inequities among all racial and ethnic minorities, as well as Virginia's immigrant population.

The duties and responsibilities of the MHAC are to

- Serve racial and ethnic minority communities,
 - Advise and make recommendations to the Commissioner of the Virginia Department of Health,
 - Identify limitations associated with existing laws, regulations, programs and services,
 - Identify and review health promotion and disease prevention strategies and
 - Support policies and legislation to improve accessibility and delivery of health services.

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Program Focus/Activities

Currently, under the direction of the newly appointed director, the VAOMH is reviewing its program focus and activities. In May 2007, the Office of Minority Health and Public Health Policy (OMPHP) expanded its direction, vision and mission. With a change in leadership, the office began addressing health in a broader sense by using a social justice framework. This framework identifies

discrimination based on class, gender and race as the underlying injustices that ultimately lead to health inequities. These injustices result in an unfair distribution of social determinants of health (SDOH), which include socioeconomic status, the physical environment, culture, childhood social and economic conditions, discrimination, social support, social capital, democratic participation of marginalized communities, etc. SDOH have a dramatic influence on multiple health outcomes, and as such, health is patterned along the distribution of SDOH, with low-income, racial and ethnic, and other marginalized populations experiencing health inequities. In addition to the more traditional focus on individual behaviors and access to quality health care, OMHPHP provides leadership in focusing on SDOH and promoting social justice in order to eliminate health inequities.

The new model will continue to include health planning and policy development within the VDH and expand to agencies that are under the Secretary of Human Health and Resources for the Commonwealth of Virginia. OMHPHP will continue to:

1. Assist in provision of technical assistance and training on a statewide level,
2. Develop and expand health initiatives, programs and services such as culturally and linguistically appropriate health care services,
3. Support programs and activities that impact health inequities in Virginia communities,
4. Serve as a resource for data on program evaluation
5. Ensure that all OMHPHP activities will incorporate a social justice framework.

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Eliminating Health Disparities Statewide Initiatives

The OMHPHP strives to advance health equity for all Virginians by identifying health inequities, assessing their root causes, and addressing them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public. The OMHPHP continues to seek funds to support our strategic directions.

OMHPHP is utilizing the PBS series "Unnatural Causes: Is Inequality Making Us Sick?" as a tool to create awareness and expand the discussion and implementation of actions that address health inequities. These efforts are supporting a national campaign to address health inequities and are distinguishing Virginia as a leader in pursuing innovative means to promote health equity and social justice.

OMHPHP is in the early stages of partnering with health districts and other organizations in the Richmond and Hampton Roads areas to develop community-based participatory initiatives to address inequities in birth outcomes. These initiatives combine the use of GIS analysis to identify neighborhoods in which poor birth outcomes are associated with adverse social determinants of health in order to target participatory interventions and research that promote health and address the social and economic factors that underlie health inequities. OMHPHP uses data on SDOH, the distribution of health inequities and the availability of health care and health care providers to guide efforts to designate medically underserved areas (MUAs) and health professional shortage areas (HPSAs).

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Level of Funding Sources

Year	Federal	State	Private
FY 2006	\$80,372	\$72,500	\$0
FY 2007	\$107,418	\$269,770	\$0
FY 2008	\$89,296	\$452,038	\$0

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Resources

- Director, Office of Minority Health and Public Health Policy (60 percent FTE) - directs all activities of the Office of Minority Health and Public Health Policy, which includes the Offices of Minority Health, Rural Health, Primary Care,
- Director, Division of Health Equity (one FTE) - manages activities of Division,
- Minority Health Specialist, Division of Health Equity - Position currently Vacant (one FTE), provides day to day assistance with health equity initiatives statewide,
- CLAS Act Specialist, Division of Health Equity (one FTE) - manages cultural and linguistic

- health care resources, develops policy, provides training, etc. and
- Outreach Coordinator for Minority Health, Division of Health Equity (one FTE) - Gubernatorial appointee who participates in and provides technical assistance for local health equity initiatives and provides leadership for marketing activities.

The VAOMH has developed a Web site that highlights information on state, local and national health equity initiatives. The Web site is www.vdh.state.va.us/healthpolicy/about.htm

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Recent Publications

The OMHPHP has revamped its newsletter called "*Health Equity Matters*." This newsletter is published quarterly by the Virginia Department of Health, OMHPHP and is distributed to constituents to facilitate a common interest in advancing health equity in Virginia. This newsletter focuses on health inequities related to socioeconomic status, race/ethnicity, geography and living environment and access to health care.

The OMHPHP will publish an expanded health equity report - the first *Virginia Health Equity Report* - in the summer of 2008. This report will include greater emphasis on statistical data reflecting the impact of social determinants of health on morbidity and mortality and health inequity.

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- address health disparities.
- **Information gathering:** Through public hearings, inquiries, studies and other efforts toward information gathering, the Council will work to understand how the actions of state government ameliorate or exacerbate health disparities.
 - **Health impact reviews:** Collaborate with the State Board of Health in the development of health impact reviews requested by the governor or the state legislature. A Health Impact Review (HIR) is a review of a proposal for a legislative or budgetary change to determine the extent to which the proposal would ameliorate or exacerbate health disparities.
 - **Regular updates:** The Council must update the Legislature on its progress in 2008, 2010 and 2012.

In 2007, the Council was awarded a State Partnership Grant from the U.S. Department of Health and Human Services' Office of Minority Health. The grant was used to hire a Health Disparities Outreach Coordinator to improve the Council's capacity to engage communities of color in its work, particularly in the development of an action plan to eliminate health disparities in Washington State and in increasing awareness of health disparities. Through leadership, collaboration, coordination, planning and the creation of linkages between public and private entities, the Council aims to simultaneously increase the overall capacity of organizations throughout Washington to communicate with hard-to-reach individuals and groups, particularly communities of color, in ways that help eliminate disparities.

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Level of Funding Sources

Year	Federal	State
FY 2007	\$31,250	\$173,000
FY 2008	\$93,750	\$173,000

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Resources

In accordance with RCW 43.20.275, the Council was convened by and is staffed by the Washington State Board of Health. With the creation of the Council, Board staff underwent reorganization and hired additional personnel to support the Council and to conduct health impact reviews. In 2007, with the receipt of a State Partnership Grant, the Council was able to hire a health disparities outreach coordinator.

Currently, the Council is supported by 2.75 FTE and the Health Impact Reviews are supported by 1.1 FTE. See Table 1.

Table 1: State Board of Health Staff Resources for the Governor's Interagency Council on Health Disparities

State Board of Health Staff	Council FTE	HIR FTE	Roles and Responsibilities
Health Policy Analyst	0.65	0.20	Lead policy staff to the Council. Supervises and assists with HIRs. Supervises outreach activities.
Outreach Coordinator	1.00	0.00	Improves communication capacity and engages affected communities in the Council's work.
Administrative Assistant	0.50	0.10	Provides administrative support and assists with meeting planning.
Executive Director	0.20	0.05	Provides general supervision and oversight.
Executive Assistant	0.20	0.05	Oversees budget, payroll and human resource functions.
Communications Consultant	0.20	0.00	Supports media relations, publications and website.
Health Policy Analyst – HIRs	0.00	0.70	Lead Health Impact Review analyst.
Total FTE:	2.75	1.10	

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Recent Publications

- Toward a State Action Plan to Eliminate Health Disparities: 2009 Progress Report. [PDF, 1.35MB]
- Toward a State Action Plan to Eliminate Health Disparities: 2008 Progress Report. [PDF, 440KB]
- Summary of Forum Proceedings: Public Forum on Language, Culture, and Health Care, September 19, 2007 [PDF, 398KB]
- Health Disparities Council Brochure, June 2007 [PDF, 220KB]
- Summary of Forum Proceedings: Community Forum on Health Equities, May 28, 2008 [PDF, 4881KB]

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Organizational Structure/History

The West Virginia Minority Health Program was established in the Office of Community and Rural Health Services in 1998. In October 2005, the Minority Health Program was relocated from the Office of Community Health Systems (formerly Office of Community and Rural Health Services) to the Office of Epidemiology and Health Promotion within the West Virginia Department of Health and Human Resources. In March 2006, at the recommendation of the Minority Health Advisory Council, the Minority Health Program was designated as the Office of Minority Health by the Secretary of the Department of Health and Human Resources. The Minority Health Advisory Council is being reorganized for greater diversity and statewide representation.

Purpose/Mission Statement

The mission of the West Virginia Office of Minority Health (WV-OMH) is to improve and protect the health and well-being of racial and ethnic minorities through the development of programs, policies and practices to eliminate health disparities.

WV-OMH's purpose is to serve as a resource to community organizations, health care providers, and government agencies in efforts to decrease morbidity and mortality in minority populations.

Program Focus/Activities

WV-OMH has worked to:

- Form coalitions in two West Virginia counties, Kanawha and McDowell, for the purpose of eliminating health disparities related to diabetes and other chronic diseases among the African-American population. Convene and facilitate opportunities for African-American leaders in the community to conduct community assessments based on the social determinants of health and develop community action plans to address these issues through the federally funded Centers for Disease Control and Prevention REACH U.S. project,
 - Promote awareness about health and health care disparities,
 - Empower racial and ethnic minorities in West Virginia by promoting health self-management,
 - Promote cultural competency and awareness through health literacy and self-management programs,
 - Assemble Partners in Minority Health (revitalization/restructuring of the Advisory Council),
 - Establish capacity building through new and continued partnerships within communities and state government,
 - Establish data collection and distribution through the Minority Health in West Virginia report (April 2007),

West Virginia

Office of Minority Health

Charlene Hickman, Director
Office of Minority Health
Office of Epidemiology and Health
Promotion

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- Create linkages between community- and faith-based organizations and state government agencies through collaborative projects/programs and
- Utilize program evaluation to determine impact and effectiveness of programs and initiatives.

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Level of Funding Sources

(i) Note: In FY 2008, West Virginia received a grant from the CDC for the REACH U.S. project in the amount of \$415,390. All other funds came from the State Office of Rural Health grant program, which is funded by HRSA.

Year	Federal	State	Private
FY 2006	\$46,460	\$20,100	\$0
FY 2007	\$40,000	\$20,000	\$0
FY 2008	\$455,390	\$20,000	\$0

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Resources

The West Virginia Office of Minority Health is currently staffed by a director, epidemiologist (evaluator) and a community coordinator, who joined the OMH staff on May 19, 2008, for a total of 3.0 FTE. These FTE are paid by the REACH U.S. budget.

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Recent Publications

Minority Health in West Virginia - April 2007 (formerly the West Virginia Minority Health Chart Book)

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	<p>In August 1999, a Wisconsin Minority Health Program was established with the hiring of a minority health officer as the primary point of contact on minority health for the Wisconsin Department of Health and Family Services. In 2006, a minority health policy analyst was hired through funds awarded by the Federal Office of Minority Health's State Partnership Grant Program.</p> <p>The Minority Health Program maintains a system-wide focus and is assigned to review, monitor and advise all state agencies on policies, issues and programs that impact minority health. The Minority Health Program also partners with community-based organizations, tribal organizations and other collaborative partners working to advance the health of communities of color. The priority populations served by the Minority Health Program are African American, American Indian, Asian and Hispanic/Latino—estimated at about 12 percent of the state's total population.</p>	<h2>Wisconsin</h2> <p>Wisconsin Minority Health Program Web site: http://dhfs.wisconsin.gov/health/minorityhealth/index.htm</p>	<p>Claude Gilmore, Interim Minority Health Officer / Youth Policy Director State of Wisconsin Division of Public Health Bureau of Health Information and Policy Department of Health and Family Services 1 West Wilson Street, Room 372 P.O. Box 2659 Madison, WI 53701-2659 Phone: 608-266-9354 Fax: (608) 267-3824 Email: claude.gilmore@dhs.wisconsin.gov</p>	
	<h3>Purpose/Mission Statement</h3> <p><i>The Wisconsin Minority Health Program mission is to eliminate racial and ethnic disparities in health through system-wide changes designed to improve access to culturally and linguistically competent health services, improve minority health data, promote state and community partnerships for strategic health planning and support effective, outcome-based interventions to improve public health.</i></p> <p>There are four major program goals:</p> <ul style="list-style-type: none"> • Enhance government and community awareness of minority health issues; • Recommend and implement strategies to eliminate health disparities in Wisconsin; • Foster complete and accurate health status data and surveillance of minority populations; and • Improve access to culturally and linguistically competent systems of care. 	<p>In this article...</p> <ul style="list-style-type: none"> ‣ Organizational Structure/History ‣ Purpose/Mission Statement ‣ Program Focus/Activities ‣ Level of Funding Sources ‣ Resources 	<p>go to top</p>	

The following are a few highlights of program activities from 1999 to the present,

Grants and Funding

A minority health grant program was established in 1999 to build the capacity of local communities to provide culturally and linguistically appropriate resources and services for economically disadvantaged minority group members and eliminate racial and ethnic disparities in health status. To date, more than 100 grants have been awarded to community-based organizations to undertake projects including an HIV education and testing program for high-risk pregnant women; a program for girls, which increases healthy eating and maintains a moderate to vigorous exercise routine weekly; a community program which provides education about identified health concerns and enhances overall health within the Hmong community, and a project which increases access to health care of the Hispanic/Latino community with limited English proficiency and many others.

Please visit our Web site

<http://dhfs.wisconsin.gov/health/minorityhealth/index.htm> for more information.

OMH State Partnership Grant Program

- The State of Wisconsin Department of Health and Family Services, Division of Public Health was awarded a grant for the Minority Health Program from the Federal Office of Minority Health. The amount of the grant is approximately \$150,000 annually for the period of Sept. 1, 2005 through Aug. 30, 2010.
- The grant is funded to build program capacity through dedicated minority health staffing; improve coordination, collaboration and linkages among internal and external partners, engage communities to influence minority health programs and policy and collaboratively identify top priorities and implement programs to improve minority health and eliminate health disparities.

Technical Assistance and Consultation

The Minority Health Program provides ongoing technical assistance and consultation in several areas including:

- Developing priorities to address social and economic indicators and eliminate racial/ethnic health disparities in Wisconsin's 10-year public health plan;
- Assisting community-based organizations in the design, coding and analysis of community health surveys to address community health priorities, access, cultural and linguistic competence, and effective health care outreach;
- Working to reduce infant mortality by implementing evidence-based healthcare, outreach, education, resiliency and support strategies with racial/ethnic minority communities and in perinatal service programs;
- Partnering with statewide and local minority organizations to develop community-based strategies for tobacco control and related health issues in African-American, American Indian, Asian and Hispanic/Latino populations.

Revised and Updated Minority Health Report

The Minority Health Program provides ongoing technical assistance and consultation in several areas including: A revised statewide Minority Health Report will be released in 2007. The report will provide comprehensive, accurate and reliable baseline minority health data to monitor Wisconsin's progress toward improving health and eliminating racial/ethnic health disparities. The report compares data on demographics, social and economic factors, leading causes of diseases and death, behavioral risk factors, and healthcare access issues in African-American, American Indian, Asian and Hispanic/Latino populations in Wisconsin and will cover Years 2001-2005.

Wisconsin Minority Health Leadership Council

In August 2005, the Minority Health Program convened a statewide forum with minority community stakeholders to determine priorities and strategies to eliminate health disparities. Community recommendations included the development of the Wisconsin Minority Health Leadership Council. This is the first Council in Wisconsin of its type that focuses on minority health issues without being tied to a specific program (Diabetes, Cancer, Maternal and Child Health, etc.). Instead, the focus is on getting a statewide, minority and community advocate perspective on the health issues that affect racial and ethnic minorities in Wisconsin the most.

Minority Health Public Information Campaign

The Minority Health Program is still involved in the public information campaign, "Eliminating health disparities: Together we can make a difference." It educates the public on factors relating to disparities and promotes partnership with government, healthcare providers, community and business organizations and policymakers to develop comprehensive solutions to health problems in racial and ethnic communities. The campaign also reinforces preventive health practices and advocates for access to quality healthcare in racial and ethnic communities.

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities

Although Wisconsin is a leader in its low infant mortality rate for Caucasian infants, efforts need to be strengthened to assure the best outcomes for all mothers and babies in the state. The Department of Health and Family Services has implemented a five-year action plan to eliminate racial and ethnic disparities in birth outcomes and the Minority Health Program is actively involved in these efforts including providing funding for a social marketing campaign that will address racial and ethnic birth disparities . For more information about this initiative, visit our website at <http://dhfs.wisconsin.gov/healthybirths/index.htm>.

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Level of Funding Sources

Year	Total	
FY 2005	\$300,000	
FY 2006	\$300,000	
FY 2007	\$300,000	
FY 2008	\$300,000	(pending legislative approval)
FY 2009	\$300,000	(pending legislative approval)

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Resources

The Minority Health Program is funded through state general purpose and tribal gaming revenues and additional funds received through competitive federal funding sources.

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Wyoming

Organizational Structure/History

The Minority Health Program is maintained within the Wyoming Department of Health, Division of Community and Rural Health. A minority health coordinator was appointed in January 1996 by the department director. Then a Minority Health Committee was organized with members from different ethnic backgrounds who work with public and private agencies dealing with minorities and underserved populations across the state. In June 2006, the Wyoming Department of Health (WDH) formally changed the Minority Health Program to the Wyoming Office of Multicultural Health (WOMH). To represent the varied diversity in culture, the Minority Health Committee was renamed the Multicultural Health Advisory Committee (MHAC). The MHAC members expanded to include state and community agency representatives working together to develop a multi-disciplinary team focusing on health care services for Wyoming's underserved and minority populations.

Purpose/Mission Statement

The Mission of WOMH is to minimize health disparities among underserved populations in the state through collaboration, advocacy and education and to promote culturally and linguistically competent programs aimed at improving access to health care services in support of:

- Healthy People 2010 Initiatives
 - Eliminate health disparities and
 - Increase quality and years of healthy life.
- Program Enhancement Activities
 - Improve collaborations among state and private sectors and
 - Improve the health status among all priority populations in Wyoming including ethnically and culturally diverse, medically-underserved populations.

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Program Activities

WOMH serves as the point of contact and resource entity for the Department of Health. The program includes intra/interagency and resource coordination, analysis of data, trends and policy implications, technical assistance and outreach to underserved and minority populations, consultation in convening task force on special problems, community planning and development, and promotion of cross-cultural understanding among state programs and provider communities to ensure culturally competent services.

Wyoming

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In 2006, WOMH was awarded an infrastructure building contract by the U.S. Department of Health and Human Services' Office of Minority Health (OMH) for the purpose of developing a statewide, comprehensive Wyoming Health Disparity State Plan (HDSP). This comprehensive state plan will serve as a blueprint to aid collaboration and partnership building among state agencies, academic institutions and community groups. The HDSP is available at <http://wdh.state.wy.us/familyhealth/multicultural/index.html>.

The Health Disparity State Plan Subcommittee Missions

Steering Committees: To facilitate access to health information, education and risk reduction activities that will benefit multicultural communities. Activities include to:

- Assist in clarifying and defining the role of the Office of Multicultural Health,
- Create an awareness of health status of multicultural communities,
- Begin the process of developing policies and plans benefiting these communities, and
- Develop tracking systems to ensure that the needs of these communities are integrated and addressed within all health department programs.

WOMH's Health Disparities State Plan directs WDH efforts to eliminate racial/ethnic health disparities. It is structured around the following key WDH committees:

- *Data Committee:* To raise awareness of health disparities in Wyoming,
- *Outreach of Education Committee:* To increase public and professional awareness of the importance and availability of cultural and linguistically appropriate health care services for Wyoming residents and
- *Resource Committee:* To enhance the dissemination of health educational information to Wyoming residents impacted by health disparities.

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Eliminating Health Disparities Statewide Initiatives

The establishment of WOMH in June 2006 enabled the state to secure funding from the federal Office of Minority Health to continue the implementation of the HDSP. WOMH will work with its partners to draw on the large pool of existing resources from state and community agencies in an effort to collaborate in planning, development and implementation of multilevel systematic approaches to reduce health disparities for minorities and underserved populations in Wyoming.

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Level of Funding Sources

The Department does not have specific funds for multicultural health functions. The position assigned to this "Office" is funded through State General Fund. In FY 2007 WOMH was awarded a \$75,000 contract to develop the Wyoming HDSP. The State Partnership Grant awarded by OMH for FY 2008 and a grant from the Wyoming Maternal and Child Health Program enabled WOMH to operate and to implement the HDSP. WOMH will seek continuous application of the State Partnership Grant funds for future operation.

Year	Federal	State	Private
FY 2007	\$75,000	\$75,000	None
FY 2008	\$125,000	\$141,000	None
FY 2009	\$125,000	N/A	None

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Resources

The Wyoming Office of Multicultural Health is awaiting the opportunity to reapply for the federal OMH State Partnership Grant and to seek Exception Budget from the state for future operation.

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Recent Publications

The Wyoming Health Disparity State Plan published in September 2007 is available at:
<http://wdh.state.wy.us/familyhealth/multicultural/index.html>. A hard copy is available by contacting Krystle Reynolds at (307) 777-3647 or through emailing krystle.reynolds@health.wyo.gov

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 <p>The Office of Special Racial/Ethnic Health Issues is located within the External Affairs Office in the Puerto Rico Department of Health. The Puerto Rico Office of Minority Health (PR-OMH) was established administratively by the state secretary of health in September 2000. Prior to that date, the Health Department did not have any organizational entity that focused exclusively on minority health activities.</p> <p>The Puerto Rico Department of Health is responsible for dealing with the health needs of the general population, but there was not a specific official plan for identifying, monitoring and addressing the health disparities within minority groups and the special health needs of some specific sub-populations.</p> <p>The Office of Special Racial/Ethnic Health Issues is located within the Puerto Rico Department of Health in the External Affairs Office where it is able to coordinate with, and involve a wide range of state resources to address the public health needs of racial/ethnic minorities and/or undertake special projects to address emerging health related issues impacting minorities communities on the island.</p> <p>Puerto Rico's 3.9 million people enjoy richness in racial and ethnic diversity and identities. Recently the influx of people from places as far as China and as near as Haiti and the Dominican Republic has significantly expanded the population mosaic. While over time, this multicultural and multiracial diversity has created a positive learning environment, health officials understand that with diversity there may be a number of new and growing health issues that could go undetected and that should be addressed. It would be unfair and unjust to address the needs of the population at large and remain ignorant of the special needs of sub-populations like the newly arrived Asians, Haitians and Dominicans, or the health problems of Puerto Ricans in general.</p> <h2>Purpose/Mission Statement</h2> <p>The Puerto Rico Office of Special/Ethnic Health Issues was created as a vehicle for implementing change. It was designed to assess the health care needs of special populations and to act as a focal point of information and policy coordination for communities, consumers, providers and policymakers on issues that have an impact on the residents of the island. It will identify, characterize, detect and monitor any health disparity within the general minority Puerto Rican population and other special sub-populations.</p> <p>The mission of the office is to assist the secretary of health on issues related to improving the health status of the immigrant populations and Puerto Rico with special health needs. This goal is in agreement with the overall mission of the Department of Health, to promote and protect the health of all the residents of the island by providing access to high quality preventive and medical services.</p>				

Program Focus/Activities

The Puerto Rico Office of Special/Ethnic Health Issues works collaboratively with governmental and non-governmental organizations, academia and community based organizations, coordinates activities with the U.S. Department of Health and Human Services' Office of Minority Health and provides assistance in designing, implementing and evaluating health programs to address any health disparities identified within the general Puerto Rican minority population and or within sub-populations. The specific responsibilities of the office include:

- Developing a profile on the Puerto Rican minority populations and other special sub-populations,
- Identifying special health needs unique to minorities and special sub-populations,
- Documenting health disparities and prioritize health problems,
- Collaborating with existing offices and agencies in the design of programs to reduce or eliminate disparities,
- Maintaining open communication with all collaborators and sharing information,
- Providing technical assistance and
- Serving as a clearinghouse for information.

Health Initiatives/Program/Services

Puerto Rico's Healthy People 2010 Plan - provided assistance in developing strategies and launching the campaign.

Dominican Immigrant Population - produced a report on statistical data of the Dominican immigrant population living in Puerto Rico and developed strategies for carrying out health needs assessment for the residing Dominican population.

State Partnership Initiative - (Federal OMH contract) develop strategies for carrying out health needs assessment for the population of homeless persons residing in Puerto Rico.

2005 OMH State Partnership Grant Program - to improve recruitment of young persons from marginalized communities into the study of a health profession.

State and Territorial Minority HIV/AIDS Demonstration Grant Program (funding from the Federal Office of Minority Health) - to identify the need within the jurisdiction through the enhancement of the surveillance and services collection system, and to create the linkages of the services provided by community-based organizations (CBOs) with other state and local recipients of federal funds to develop greater resource capacity.

State and Territorial Minority HIV/AIDS Demonstration Grant Program (funding from the Federal Office of Minority Health) to identify needs for HIV/AIDS Prevention and Treatment Services for Minority Populations within the island, improve linkages between CBOs and state entities, assist in coordinating federal resources going into high-need minority communities and facilitate access to federal technical assistance available to community based-organizations.

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Level of Funding Sources

Year	Federal	State	Private
FY 2005-2006	\$148,750	\$0	\$0
FY 2006-2007	\$159,250	\$0	\$0

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Resources

The Puerto Rico Office of Special/Ethnic Health Issues does not have a separate state budget. Its expenditures are included in the overall funds for the DOH External Affairs Office. Since 2000, the Office has received the sum of \$643,600.00 in contracts and awards from OMH and Region II Office of Minority Health.

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Prepared by National Association of State Offices of Minority Health (NASOMH)

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Virgin Islands

Organizational Structure/History

The governor of the Virgin Islands established an Office of Minority Health in July 1999 within the Department of Health (DOH). The Office of the Deputy Commissioner for Administrative Services and Management was designated to be the Territorial Office of Minority Health. Having the Minority Health Office at the Commissioner's level allows for maximum ability to form linkages with federal, territorial and private sector resources.

Purpose/Mission Statement

The mission of the VI Office of Minority Health (VIOMH) is to improve and protect the health of racial and ethnic populations through the development of health policies and programs that will increase awareness of and eliminate health disparities in the territory.

The VIOMH was established in order to provide an entity within the Virgin Islands Department of Health with the exclusive purpose of building greater capacity for minority populations in need. This office was established at the Deputy Commissioner's level, giving it access to and equal participation in the highest decision-making and policy development in the Virgin Islands. The Region II OMH provided assistance to facilitate the development of the Virgin Islands OMH, the mission statement and purpose of the office, and the summit/conference on minority health in the territory.

VIOMH is independent of any specific departmental program area and has the flexibility and ability to develop and coordinate crosscutting health issues in the private and public sector. It has the ability to develop and coordinate programs for government agencies and for private community-based organizations.

The Virgin Islands population is composed of 78 percent Black persons, 16 percent Hispanic persons and 6 percent made up of Caucasian and other ethnic groups. In addition, the Virgin Islands population consists of 34 percent foreign-born persons. Most are immigrants from other Caribbean islands who are often poor, non-English speaking, and unlikely to access health care without help. The Virgin Islands Office of Minority Health strives to address the health needs of minority groups and subgroups. The VIOMH mission focuses on the entire population, as well as the subgroups within the territory.

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Program Focus/Activities

[Health Initiatives/Programs/Services](#)

[HIV/AIDS Demonstration Grant](#)

In September 2006, the Virgin Islands Office of Minority Health completed its sixth and final year of

administering the State and Territorial HIV/AIDS Demonstration Grant. The office established an HIV Clearinghouse to serve as a central point of reference for local educational, technical and professional resources, minority community-based organizations and governmental agencies, HIV/AIDS service providers and individuals in the territory.

The HIV Clearinghouse developed a Web site for collecting, analyzing and tracking existing epidemiological data on HIV/AIDS in the territory, nationally and internationally. In 2006, the HIV clearinghouse Web site was redesigned and given a new domain name called www.usvihivclearinghouse.org. A quarterly newsletter (*HIVoice*) was also developed with a circulation of 500 to 1,000 in the territory and abroad. Three editions of the directory entitled *HIV/AIDS Services/Providers* were published, and 1000 copies were printed in October 2003, in July 2004 and in October 2007. HIV/AIDS outreach workers distribute the directory, and they also use it as part of their reference material.

The Federal "Funding Sources" section on the Web site has a list of federal grant sources that are readily available to the public. However, once the office is notified of grant availability, notices are e-mailed to Community-Based Minority Organizations (CBMOs) and sent to both the electronic and print media. As a result of the Virgin Islands OMH efforts, the following grants were awarded to CBMOs:

- **NMAC Computer Grant:** One CBO, Helping Others in a Positive Environment (HOPE), was awarded a computer and \$900 for a printer and software. HOPE is a 501(c)3 organization that is serving the HIV-positive clients on St. Thomas and St. John. Their first project was to implement a "*Meals on Wheels Program*" specifically for AIDS patients who did not qualify for the Department of Human Services' Food Stamp Program. The "*Meals on Wheels Program*" continues to receive cases of water, Ensure/Boost and juices each month. As more funds became available, cooked meals were distributed. The organization has expanded to include HIV testing and education in the high schools, at community organizations and at the University of the Virgin Islands.
- **Capacity Building Mini-Grant Award:** A total of four organizations applied. A mini-grant of \$2,500 was awarded to the Men's Coalition of St. Croix for their HIV prevention classes for men who are convicted of domestic violence. HOPE was also awarded a mini grant of \$2,500 for a series of HIV prevention and HIV 101 classes. The populations addressed were high school students and pregnant teenagers. On St. Croix, The Women Personal Support Network of The Village received technical assistance.
- **VIOMH Awarded Mini-Grants to HIV/AIDS Service Providers:** Three community-based organizations were awarded \$4,000 in fiscal year 2005; and \$4,500 was awarded to two organizations in fiscal year 2006 for board development training, an HIV prevention media campaign and Web site development. The purpose of the mini-grants was to assist community-based minority-serving organizations (CBMSOs) to design pertinent training for their staff and board of directors, and to build their capacity to provide services to the HIV/AIDS populations.

National Public Health Week

The VIOMH has been instrumental in the coordination of National Public Health Week activities in the territory over the past seven years. The following highlights activities since our involvement in 2001:

- **2001**
National Public Health Week was observed by the VIOMH on April 3, 2001 with a major public health conference on St. Thomas. The theme of the conference was "*Healthy People in Healthy Communities*" *Building on a Legacy of Public Health in the Virgin Islands*. The conference provided a historical perspective of Public Health in the territory, publicly announced the Office of Minority Health and the HIV Clearinghouse Web site, kicked off the process for the development of the VI Territorial Health Plan, and recognized the accomplishment of the first local Commissioner of Health, a 97-year-old former U.S. Public Health Service employee. Representatives from the Region II Regional Health Administrator's Office and the Office of Minority Health spoke at the conference. In keeping with the theme, a proclamation was issued by the governor in recognition of National Public Health Week.
- **2002**
The VIOMH participated in the various National Public Health Week activities planned for the

territory. Health fairs were held in both districts, and an Open House and Health Fair was held on St. John. A walk-a-thon and employee fun day was held on both St. Thomas and St. Croix.

- **2003**

Spearheaded by the VIOMH, National Public Health Week was observed April 7-12, 2003 with a major public health conference on Tuesday, April 8th on St. Thomas. The theme was "*Getting in Shape for the Future - Healthy Eating and Active Living.*" The governor issued a proclamation recognizing National Public Health Week in the territory. Additional activities, such as health screening fairs and health career presentations, were held at various schools throughout the week in the St. Thomas, St. John and St. Croix Districts. Additionally, and most importantly, the Healthy Virgin Islands 2010 Plan was unveiled and presented to the public. Representatives from the Office of Minority Health, Region II, were on hand for the presentation and conference. The week ended with the annual walk-a-thon and employee-stress-release day.

- **2004**

For the third year, the VIOMH spearheaded the National Public Health Week activities. A workshop for DOH employees was held on St. Thomas, Monday, April 5, 2004 with the theme, "*Eliminating Health Disparities: Communities Moving from Statistics to Solution.*" Two representatives from the Department of Health and Human Services, Region II office joined in the observation of National Public Health Week activities. On Tuesday, April 6, health fairs and screenings were held at the Emancipation Garden on St. Thomas, at the Sunny Isle Shopping Center on St. Croix and at the Band Stand in Cruz Bay, St. John. On Wednesday, a walk-a-thon was held in both districts for DOH staff that culminated in a fun day/stress releaser for the employees.

- **2005**

The VIOMH spearheaded the National Public Health Week activities in both Districts. The theme for this year was "*Empowering Americans to Live Stronger, Longer,*" April 4-10, 2005. A workshop for health administrators was held entitled "*Managing Your Health to Live Stronger Longer.*" The week of activities included health fairs and career talks at various schools, culminating with a walk-a-thon for staff in both districts. The governor issued a proclamation recognizing National Public Health Week in the territory.

- **2006**

The National Public Health Week theme was "*Designing Healthy Communities: Raising Healthy KIDS.*" The VIOMH focused on asthma, child safety and healthy air quality for children. In recognition of National Public Health Week, the governor issued a proclamation in keeping with the theme. The week of April 3-7 consisted of health professionals educating the public on Radio Talk Shows and on community-based television programs. Indoor Air Quality Toolkits were also prepared for distribution to the various private and public schools on all three islands. Staff also conducted presentations at selected schools. The week of activities concluded with a Walk-a-thon for VIDOH staff.

- **2007**

The VIOMH hosted a myriad of activities on all three islands in celebration of National Public Health Week, April 2-8. The theme was "*Take the First Step! Preparedness and Public Health Threats: Addressing the Unique Needs of our Nation's Vulnerable Populations.*" The Governor issued a proclamation recognizing National Public Health Week in the territory. Activities consisted of health fairs on St. Thomas and St. Croix, free immunizations for the public on the island of St. John, interviews on local radio and TV programs, and a walk-a-thon for staff on all three islands. The Health Fair activities on St. Thomas were geared to youth, and six schools supported the event by sending more than 150 students in grades six through eight. One representative from the Region II OMH office attended this year's activities; and OMH Region II also donated disaster preparedness supplies for public distribution at the health fairs.

- **2008**

The VIOMH participated in the planning and coordination of National Public Health Week activities in the territory, which was celebrated April 7-13, 2008. The national theme was "*Climate Change: Our Health in Balance.*" Activities included an open-house on St. Croix and St. John, radio and television interviews of Department of Health's medical and public preparedness staff, and an educational outreach health fair at the Roy Lester Schneider Hospital on St. Thomas. Two persons from the community were recognized for their contributions to public health during the open house held on St. Croix. Displays were exhibited throughout the week in both districts, which focused on the local theme, "*Climate*

Change: Our Health in Balance," "The Environment and You." The week of activities culminated on Friday with a fitness walk by VIDOH staff on each island. The Governor issued a proclamation recognizing National Public Health Week in the territory.

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Eliminating Health Disparities Statewide Initiatives

Healthy Virgin Islands 2010 Plan - Improving Health for All

This 10-year plan for the territory conforms to the overarching goals of the national agenda, which are to increase the quality and years of life and to eliminate health disparities among populations. The Plan was unveiled Monday, April 7, 2003, at a press conference held at Government House. The lieutenant governor was present to receive the Plan on behalf of the governor. Members of the Region II OMH office were also in attendance. On Sept. 30, 2003, the Department of Health's Program Directors attended a workshop sponsored by VI OMH entitled, "*Developing Action Plans for Healthy Virgin Islands 2010.*" VIOMH will be working on further processes to develop and implement strategies to achieve the goals and objectives set forth in the HVI 2010 Plan.

Partnership Initiatives

- VIOMH and the Region II OMH established a partnership for a series of Public Health Training Initiatives for public health staff and other health care providers in the territory. The first was the Public Health Conference held in April 2001. The second was a data training conference held June 20-21, 2001 entitled, "*Data and Quantitative Methods for Public Health Planning and Assessment.*" In addition to expanding the knowledge base of the participants, the training stressed the importance of accurate data as a basis for planning, program evaluation and assessment, policy and decision-making and funding.
- A State Partnership Initiative Grant for \$20,000 was received to support the development of a Territorial Health Plan. The national agenda, Healthy People 2010, provided the framework for the health planning process in the territory. As part of the planning process, the VIOMH supported a Department of Health retreat in June 2001, during which time the Department of Health developed a strategic plan. VIOMH provided data training in the SPSS statistical software program for staff from the DOH, the hospitals, the health centers and the Primary Care Office.
- A contract for \$4,000 was awarded to the VIOMH by the Office of Minority Health, Region II in FY 2005 to provide technical assistance to grass roots organizations performing health-related services. The purpose of the funding was to facilitate the organizations in obtaining their 501(c)3 tax exempt status in order to position them to apply for a variety of grants. Four organizations attended the training sessions and two prepared their articles of incorporation and by-laws, with the final step being the 50 (c)3 application.
- The VIDOH designed a Longitudinal Study that reported on the status of HIV/AIDS in the Territory over a 20 year period (1983-2003). The report was published in June 2007. This report was produced in collaboration with the VIOMH, the DOH STD/HIV/TB Program, and the University of the Virgin Islands, Division of Social Sciences.
- Through the HIV/AIDS Demonstration Grant, the VIOMH partnered with the VI Department of Health's HIV/STD/TB Program and the Florida Caribbean/AETC to present the first Department of Health and AIDS Education and Training Center *VI Physicians Conference*, June 23, 2007. This conference provided an opportunity for public and private Physicians, licensed in the territory, to learn of new issues regarding HIV/AIDS Treatment, Care and Reporting in the area. They also learned how they can integrate Rapid HIV Testing in their private offices and improve services available to HIV-positive clients.

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Level of Funding Sources

The VIOMH has been supported by in-kind services from the VIDOH and from the following grants over the years:

- FY 2000: Region II OMH assisted with the establishment of the VIOMH.

- FY 2000: \$20,000 State Partnership Initiative to support the Territorial Health Plan.
- FY 2001-06: \$197,000 HIV/AIDS Demonstration Grant
- FY 2001: Region II OMH Public Health Training Initiative
- FY 2002: Region II OMH Public Health Training - Data Training for Public Health Planning & Policy Development
- FY 2003: Region II OMH supported the National Public Health Week Activities.
- FY 2004: Region II OMH supported the National Public Health Week Activities.
- FY 2005-06: Region II OMH provided \$4,000 contract for VIOMH to assist grass roots health care organizations obtain their 501(c)3 status.
- FY 2007: Region II OMH supported the National Public Health Week Activities with donated items.
- FY 2008: OMH State Partnership to Improve Minority Health Grant, 2008-2010. This \$125,000, three-year grant will provide support to the VIDOH in its efforts to reduce health disparities in asthma and to increase cultural sensitivity among the health care staff through cultural diversity training and basic foreign language classes.

Year	Federal	State	Private
FY 2005	\$148,750	\$602,000	\$0
FY 2006	\$150,000	\$742,000	\$0
FY 2007	\$164,000	\$742,000	\$0
FY 2008	\$164,000	\$742,000	\$0

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Resources

The deputy commissioner for Administrative Services and Management serves as the director for VIOMH. As of September 2006, the HIV/AIDS Clearinghouse had one full-time district coordinator funded through the HIV Demonstration Grant. That person has been transferred to another position, but continues to provide in-kind services with VIOMH responsibilities.

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